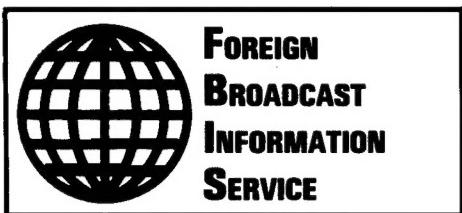


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30 JULY 1992



JPRS Report

Epidemiology

AIDS

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Epidemiology

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MOZAMBIQUE

Health Official Says AIDS Cases Greater Than Reported

MB2805141492 Maputo Radio Mozambique Network in Portuguese 1030 GMT 28 May 92

[Report on interview with Dr. Rui Bastos, member of the Fight Against AIDS Program Coordination Commission, by unidentified Radio Mozambique reporter; place and date not given—first paragraph studio introduction]

[Excerpt] Radio Mozambique has recently learned from Dr. Rui Bastos, a member of the Fight Against AIDS Program Coordination Commission, that AIDS has made geometrical progression in our country over the last few years. He said that the cases reported so far total more than 400, and he added that the principal work being done at present is to educate the main target groups, including venereal disease carriers, soldiers, students, and workers.

[Begin Bastos recording] I am almost certain that this is not the correct figure for AIDS cases in this country. This is only the number we know, and which reflects known AIDS cases. A substantial portion of the Mozambican population has no access whatever to health care. Certain population groups, like displaced people, for instance, show a high HIV presence. Thus, it is certain there must be a much greater number of AIDS carriers in the country. [passage omitted] [end recording]

EEC Supports Program Against Sexually Transmitted Diseases

MB1407074392 Maputo Radio Mozambique Network in Portuguese 0500 GMT 14 Jul 92

[Text] The EEC [European Economic Community] has granted Mozambique more than 980,000 ECUs [European Currency Units] to support the Fight Against Sexually Transmitted Diseases Program. AIDS is one of the diseases targeted by that program.

That amount, which was granted following the signing of an accord to assist that program, will be used in the fields of management, research, information, education, diagnosis, treatment, and cadre training, as well as to help our country participate in international conferences on such diseases.

The accord signed in Maputo yesterday was the third of its kind, and it will be valid for 18 months.

NAMIBIA

Six Students Diagnosed HIV Positive

92WE0557A Windhoek THE NAMIBIAN in English 21 May 92 pp 1, 2

[Article by Kate Burling: "Student AIDS Shock Raises Key Questions"]

[Text] Church and parental prudishness is largely to blame for slow progress on AIDS education in schools, which is in turn partly responsible for the spread of HIV infection among school-children.

National AIDS Control Programme (NACP) officer Dempa Mwashakele said people were "closing their eyes to reality" when it came to effective AIDS education for Namibian youngsters.

Speaking in the wake of news that six school students have been diagnosed HIV positive, Mwashakele said Namibia had a high rate of teenage pregnancy and VD, which "shows our youngsters are sexually active and need protecting against HIV."

The six students, in their late teens and early twenties, are from various schools in Windhoek. They were detected HIV positive when their blood was screened by the Blood Transfusion Service, after they had gone to give blood.

Though there was widespread shock at the news of "school-children" being infected with the killer disease, doctors working in the community have been encountering HIV infection in youngsters since last year. At the moment there is no set policy on whether the parents of minors should be told about their children's illness, or indeed whether schools should be informed of the situation.

Getting any kind of consensus on dealing with AIDS among parents, schools and churches, seems to be a major battle.

Mwashakele said that was one of the main reasons AIDS education in schools had been relatively ineffective. Materials had been prepared by the NACP and Abacus, but various schools had complained about its content.

"We talk about two main lines of defence: abstinence and the use of condoms," Mwashakele explained. However, some teachers, parents and church representatives had condemned any talk of condoms as an incitement to sexual promiscuity among Namibian youngsters.

Prolonged negotiations has made little progress, and after a recent meeting with the Ministry of Health and Social Services, the NACP had come up with an ultimatum. Existing educational material would be sent to all schools, and those refusing to use it must come up with an acceptable alternative by a given date.

Mwashakele described one "alternative" AIDS education pamphlet [word as published] issued by ELCIN. Its strongly "anti-condom" stand was conveyed in Oshiwambo: condoms were only to be used by married couples where one party had been diagnosed HIV positive.

"Where are most people getting AIDS, if they aren't involved in extra-marital sex?" she demanded. AIDS education was not a question of idealistic niceties; it was a matter of life and death, and everyone needed to wake up to the fact, she said.

Cabinet Approves AIDS Control Policy

*92WE0580A Windhoek THE NAMIBIAN in English
12 Jun 92 p 3*

[Article: "New Action on AIDS"]

[Text] The Cabinet has approved the Policy and Guidelines for HIV/AIDS Prevention and Control in the country which stress the rights and responsibilities of the individuals and society.

The guidelines focus on, among other things, insurance for HIV infected persons, research projects and therapeutical trials.

The National AIDS Control Programme in Namibia has devised preliminary, medium- and long-term plans for the control of AIDS in line with those of the World Health Organisation.

Detailed information on the Policy and Guidelines for HIV/AIDS Prevention and Control in the country can be obtained from the Ministry of Health and Social Services.

SENEGAL**AIDS Cases Total 648 to Date**

*92WE0451A Dakar LE SOLEIL in French
9 Apr 92 p 4*

[Article by Fara Diaw: "AIDS Is Gaining Ground"]

[Excerpt] [passage omitted] The number of AIDS cases totaled 648 as of the end of March 1992, according to the official count made by the Multidisciplinary National Committee To Combat AIDS [CNPS] in Senegal. As of June 1991 the total had been 552. In nine months, 96 additional cases were reported in the various hospitals in Dakar and in the other regions.

According to Dr. Ibra Ndoye, coordinator of the CNPS, the epidemiological situation in Senegal is still controllable, because it is possible—thanks to the efforts pursued in the areas of information, education, and communications—to prevent HIV infection and its spread to the bulk of the population.

Dr. Ndoye explained that the CNPS will intensify its efforts in the targeted area of prevention, which in the opinion of a number of international experts (in epidemiology and IEC [expansion not given]) is the technique that could be of greatest assistance in modifying behavior. This would be in addition to preservation of the achievements made in regard to safety in blood transfusions throughout the national territory; seroepidemiological surveillance at five sites (Dakar, Kaolack, Saint-Louis, Ziguinchor, and Thies); and the IEC of prostitutes (the most important group at risk), involving follow-up monitoring of the frequency of their contacts. With respect to sexually transmissible diseases, Dr. Ibra Ndoye pointed out that collaboration with the NGO's [nongovernmental organizations], young people's associations, and women's groups will be strengthened in order better to reach the interior of the country, where the HIV infection is now present. [passage omitted]

SOUTH AFRICA**Six-Fold Increase in Chances of HIV-Positive People Contracting Active Tuberculosis**

*MB0304150992 Johannesburg SAPA in English
1432 GMT 3 Apr 92*

[Text] Parliament April 3 SAPA—The chances of HIV-positive people contracting active tuberculosis was estimated to increase six-fold compared to those who were HIV-negative, according to the annual report of the Department of National Health and Population Development tabled here on Friday.

The report said that the incidence of TB had increased by 26.8 percent from 1988 to 1990 after a progressive decline from 1960 to 1986.

Incomplete and unrest-disrupted treatment were important factors promoting the transmission of TB. Measures had been instituted to improve supervision of medication and treatment.

The unfavourable economic climate, high unemployment, the increase in informal settlements and unrest contributed to the activation of dormant tuberculosis.

The report said the spread of multi-resistant strains of tuberculosis caused "considerable concern", but supervised therapy had contributed to a drop in the incidence of resistant cases from 28.8 percent during 1965-1970 to 14.2 percent during 1980-1989.

It is currently estimated that about one percent of TB cases are multi-drug resistant.

Heterosexual Contact Most Important Mode To Transmit AIDS

*MB2307175692 Johannesburg SAPA in English
1546 GMT 23 Jul 92*

[Text] Pretoria July 23 SAPA—Heterosexual contact was the most important mode of transmission of acquired immune deficiency syndrome (AIDS) in South Africa, the Department of National Health said on Thursday [23 July]. Of the reported South African cases, 53 percent contracted AIDS through heterosexual contact, while 30 percent acquired the disease through homosexual or bisexual contact. Since 1987 the number of heterosexually acquired AIDS cases had "increased dramatically", namely 17 cases in 1988, 55 in 1989, 159 in 1990, 288 last year and 173 cases up to June 30 this year.

Women were generally infected at a younger age, with eight percent of the reported female AIDS cases being under 20 years of age. The heterosexual spread of AIDS was accompanied by a corresponding increase in paediatric AIDS, with three cases diagnosed in 1988. Since then another 182 children have acquired the disease as a result of mother-to-child transmission.

Most of the total of 1,316 South African AIDS cases are from Transvaal, with 41 percent or 546 cases. Natal had 453 AIDS cases and the Cape Province reported 17 percent of

the total number of cases. The Orange Free State, with a figure of 88, has the lowest number of reported AIDS cases.

Since the beginning of this year up to June, 446 AIDS-related deaths had occurred in South Africa, while 210 new patients had been diagnosed. The deaths represented "only part" of the actual number of AIDS-related deaths as many patients never returned after their diagnosis, the department said.

The Department of National Health and Population Development was currently increasing the distribution of condoms countrywide to combat the disease. In addition, the department had allocated R[rand]3.6-million to sexually transmitted diseases (STDs) for this financial year over and above the AIDS budget of R21-million.

ZAMBIA

Number of AIDS Babies, Orphans Increasing 92WE0555A Lusaka THE WEEKLY POST in English 22-28 May 92 p 8

[Article by Patu Mwanza; first paragraph is THE WEEKLY POST introduction]

[Text] The number of orphans in Zambia is on the increase mainly because of AIDS. There were 80,000 orphans in 1990, but this number is expected to reach half a million by the year 2,000 reports Patu Mwanza.

Two years ago, a Lusaka mother who thought she had given birth to an HIV positive baby, threw it into a fire to kill it.

As the baby's skin scorched, the mother hard heartedly walked away thinking she had done away with it.

Fortunately for this baby, it was rescued and taken to the University Teaching Hospital, UTH, where it was truly diagnosed HIV positive. The hospital looked after this baby for sometime, and later, its mother's relatives.

The story of this baby, is similar to that of many others. According to Dr. Shilaluke Ngoma, a Pediatrician consultant at the UTH, the number of dumped babies is growing rapidly and so is the number of AIDS orphans.

She said there were 80,000 orphans in the country in 1990 but the number is expected to reach half a million by the year 2000.

Dr. Ngoma says children, particularly those suspected to be HIV positive, have been banished by their mothers at an average of two per month. The majority of these children are those left behind in the hospital by their worried mothers after they have been discovered to be HIV positive.

It is the increasing number of orphans, mainly because of AIDS, that prompted medical professionals to form what is now called the Children in Distress, (CINDI).

Like the National AIDS Support Organisation in Uganda, CINDI which is being funded by NORAD, Family Health Trust and UNICEF, motivates people in recognising orphans with the aim of helping them with whatever they may need in their daily life.

Although CINDI operates as a non-governmental organisation with the help of the Ministry of Health, its officials believe other government ministries should come in if the organisation has to achieve its intended goals.

With stunning revelation made at a recent AIDS seminar that 25 percent of women between 15 and 35 which is the child bearing age are HIV positive, CINDI and orphanages like Kasisi mission that take in these children are certainly needed.

Already, according to Dr. Chewe Luo, a senior registrar in the department of pediatrics and child health care, a study among the malnourished children in the country showed that 21 percent were infected with the virus, while 32 percent of those infected with TB are also HIV positive.

This is an indication that the number of AIDS babies is on the increase and so too is the number of AIDS orphans with many AIDS babies now being abandoned by their parents.

ZIMBABWE

AIDS Spreading; Condom Distribution Grows 92WE0502A Harare THE HERALD in English 1 May 92 p 1

[Text] As the AIDS epidemic rapidly gains momentum with many people experiencing the unprecedented realities of the disease, there has been an increased demand for condoms by Zimbabweans, with almost 20.5 million having been distributed in 1990 and over 24 million last year.

An annual report of the AIDS Control Programme in Zimbabwe for 1991 said an increasing number of AIDS cases and deaths occurred last year while at the same time awareness campaigns were intensified, resulting in the denial of the existence of AIDS among the public becoming less pronounced than before.

Several groups or organisations including the AIDS Control Programme unit were involved in AIDS education, counselling and care and the broadening of AIDS prevention and control activities.

"Besides focusing on education and awareness for the general public and target groups, training of health care providers in various aspects of AIDS prevention and control was one of the priority areas of the programme," the report said.

The programme was fully supported by the international community which provided funds for many of its activities.

According to the report: "There has been an upward trend in the demand for condoms, with 20,489,500 having been distributed in 1990 and 24,215,328 in 1991."

However, the report said sentinel surveillance among antenatal attendants and patients with sexually transmitted diseases showed "very high HIV seroprevalence rates."

Meanwhile, the number of cumulative reported full-blown AIDS cases rose from 117 in 1987 to 10,551 by the end of last year.

It is estimated that the actual number of AIDS cases that have already occurred may be more than threefold the reported figure.

Total of 1,963 New AIDS Cases in First Four Months of 1992

92WE0556A Harare THE HERALD in English
13 May 92 p 1

[Text] A total of 1,963 new cases of full-blown AIDS have been recorded in the first four months of this year, bringing the overall total of AIDS cases in Zimbabwe since 1987 to 12,514.

Most of the new cases—1,165—were reported in the 20 to 39-year age group. The figures continue to rise despite an increase in demand for condoms in the past year. Twenty-four million condoms were distributed last year.

Figures released by the AIDS Control Programme [ACP] yesterday showed that in the first quarter of the year, 306 children aged between zero and four years had the disease. Of these, 139 were girls and 166 were boys, with one case recorded as unknown. Only 12 cases were reported as having the disease among those between five and 14 years. Seven of them were girls and five boys.

The number of cases among those below four years were mainly as a result of the disease being passed to them by their infected mothers during pregnancy. Those between five and 14 years could have contracted the disease through child abuse by infected adults. It is also a possibility that they could have contracted the disease during their infancy.

The AIDS cases picked up significantly in the sexually active age groups. A total of 552 cases were reported in the 20 to 29-year age group. Of these, 303 were females and 248 were males, with one case recorded as unknown.

The figure rose even further for the 30-to 39-year age group, where 613 cases of AIDS were reported. Of these, 219 were females and 393 were males with one case unknown.

A further 220 cases were reported in the 40 to 49-year age group, with 63 of them being women and 156 men. Sixty-seven men and 19 women between 50 and 59 years have the disease. Fifteen people over 60 years—14 of them men—have the disease.

A high figure of 123 cases of AIDS cases—41 women and 73 men—was also recorded for those whose ages were not known.

The cumulative total number of AIDS patients of those below four years, according to figures released yesterday, is 2,199. From this, 1,019 are girls and 1,162 are boys. The total number of those between five and 14 years is now 72, with both sexes accounting equally for the figure.

Between 15 and 19 years, girls account for 240 cases of the total 282 cases, with boys recording 38 cases. Women again account for the largest share in the 20 to 29 age group, which has a total of 3,613 cases. Of these, women account for 1,968 with men recording 1,635 cases.

Again the sexually active group in the 30 to 39-year age group are recording high cases. A total of 3,412 cases were recorded in the last five years, with men accounting for 2,210 cases and women 1,193. As the ages progress, the figures begin to go down.

In the 40 to 49-year age group, 1,261 cases have been recorded—897 men and 361 women. Men again dominate in the 515 cases reported in the 50 to 59 age group. They account for 390 cases. To date, there are 115 cases of AIDS in the over-60 age group and 1,045 whose ages are unknown. The ACP has increased its awareness campaign over the past few years.

The United States Agency for International Development has said that in some developing countries, HIV and AIDS could become the leading killer of children by the year 2000. It also said that in some African countries, virtually all the reductions in child mortality achieved through immunisation and other health measures could be cancelled out by AIDS.

AIDS Drug Development Center Established in Lianyungang

*92P60337D Nanjiang JIANGSU KEJI BAO in Chinese
3 May 92 p 4*

[Article by Liu Bo [0491 3134] and Chen Jianjun [7115 1696 6511]]

[Summary] The first AIDS Drug Development Center for developing drugs for the treatment of AIDS has been jointly established in Lianyungang [Jiangsu Province] by the Basic Theory Department of the Institute of Traditional Chinese Medicine and the Lianyungang Dongfeng Pharmaceutical Plant. The center is planning to put out a new AIDS drug "keaike" [0344 5337 0668] in June 1992, and two other new drugs by the end of 1992 and in June 1993 respectively.

Over 700 HIV-Infected Persons Discovered by End of 1991

HK1006143592 Beijing ZHONGGUO XINWEN SHE in English 1404 GMT 10 Jun 92

[Text] Hong Kong, June 10 (CNS)—The June edition of "CHINA'S DIGEST" [CHUNG HUA WENCHAI] disclosed today the situation regarding AIDS facing the Mainland. By the end of last year, the Mainland had discovered 705 cases of persons infected with the HIV virus leading to AIDS and eight full-blown cases, three of which were Mainland residents, all of whom died last year.

The 705 cases were diagnosed and confirmed to have the disease from serum tests carried out on 480,000 persons in 15 provinces, cities and autonomous regions including Liaoning Province, Yunnan Province, the Guangxi Zhuang Autonomous Region, Guangdong Province and Beijing Municipality. The Director of the Sanitation and Anti-epidemic Department of the Ministry of Public Health, Mr. Dai Zhicheng, was not optimistic about the outcome of the tests. He added that there might be virus carriers "going unchecked".

The number of persons infected with the fatal disease has shown rapid growth since the first case involving a Mainland resident was discovered in 1988, Mr. Dai said. It developed from cases where the infection was brought in from overseas into ones spreading among domestic residents. Persons with the AIDS virus are mainly drug addicts, people with venereal diseases, prostitutes, returnees from abroad or from undertaking labour service overseas, spouses

of virus-carriers and haemophiliacs. Transmission is mainly from sexual and blood contacts. There also exists a potential risk of mother-to-baby transmission, although no such case has yet been discovered.

The Chinese government has made AIDS one of the diseases receiving state priority in preventive work and treatment and has set up an expert commission for the prevention and control of AIDS with the aim of curbing the spread of the disease.

Jilin To Export Anti-AIDS Medicine

*OW0607043192 Beijing XINHUA in English
0321 GMT 6 Jul 92*

[Text] Changchun, July 6 (XINHUA)—Northeast China's Jilin Province will export its newly developed traditional Chinese medicine called "Milingwang", which is believed to be able to prevent and cure the disease of AIDS (acquired immune deficiency syndrome).

According to a contract signed recently between the Jilin Provincial Technological Import and Export Company and Finehandle Limited Aps of Denmark, Jilin Province is expected to provide the Danish company with 40 tons of "Milingwang" capsules worth 260 million U.S. dollars a year. The first group of "Milingwang" capsules will be exported to Denmark in October.

The medicine was developed after many years' effort by Lin Haifeng, director of the Tonghua Institute of Medicines for AIDS Prevention and Cure, combining his related secret recipe handed down from generation to generation with contemporary theories of medical sciences.

Reports based on experiments from the Chinese Academy of Preventive Sciences and Dr. Bethune Medical University prove that the medicine can effectively control the propagation of the AIDS virus and can also enhance the immunity of an organism, but does not harm the liver or kidney of the human body.

Clinical tests have also been carried out in southwest China's Yunnan Province, Argentine, Brazil, and Tanzania and research reports show that the medicine has certain curative effects over some AIDS patients.

Local officials said "Milingwang" medicine will soon be batch produced by the Tonghua No. 2 Pharmaceutical Factory in the province.

SOUTH KOREA**Seven People Test HIV-Positive in June**

SK3006050892 Seoul YONHAP in English 0255 GMT 30 Jun 92

[Text] Seoul, June 30 (YONHAP)—Seven people tested positive for the virus that causes AIDS in June, the Health and Social Affairs Ministry said Tuesday.

A 26-year-old factory worker and a 29-year-old bar employee were infected with the human immunodeficiency virus overseas, and a 22-year-old was infected in Korea, all three through unprotected heterosexual contacts.

Three people, aged 40, 28, and 30, were infected through homosexual contacts, and the method of infection of the remaining person (age 41) is unknown.

Koreans who have tested HIV-positive now total 202, of whom 18 have died (including eight full-blown AIDS patients). One person has departed overseas, leaving 183 people (166 men, 17 women) alive and under the supervision of health authorities.

MALAYSIA**End of May, 3,371 HIV Cases Detected; 37 Dead**

BK0407092392 Kuala Lumpur NEW STRaits TIMES in English 3 Jul 92 p 2

[Excerpts] Kuala Lumpur, Thursday—The Health Ministry is expected to spend about [Malaysian] \$53 million on the AZT drug for AIDS patients over the next three years, its minister Datuk Lee Kim Sai said tonight.

AZT or azidothymidine is the world's first licensed drug treating AIDS.

Lee said the ministry would require at least [Malaysian] \$200 million to finance anti-AIDS programmes for the period. [passage omitted]

As at the end of May, there were 3,371 HIV cases with 52 people confirmed as AIDS cases and 37 deaths.

Lee urged all sectors, including community service organisations to play their role in curbing the deadly disease.

"Malaysia is a fast developing country. We need healthy people to work hand in hand with the government in pursuit of becoming an industrialised nation by the year 2020," he said. [Passage omitte]

Eight More HIV Cases Found in Perlis State

BK1507141492 Kuala Lumpur Radio Malaysia Network in English 1330 GMT 15 Jul 92

[Text] Eight Perlis fishermen have been found to be carriers of the HIV virus which causes AIDS. Menteri Besar [Chief Minister] Dr. Abdul Hamid Pawan Teh said they contracted the virus through drug abuse. Since 1989 up to last month, 65 cases of HIV carriers had been detected in Perlis, including 13 this year. Three of them had died.

THAILAND**AIDS in Pregnant Women**

92WE0436A Bangkok DAO SIAM in Thai 9 Apr 92 p 2

[Excerpt] On 8 April 1992, Dr. Wanlop Thainua, the chief doctor with the Health Department, presided at the opening of a seminar on "Revising the Manuals Used in Preventing the Spread of AIDS in Obstetrics and Pediatrics and Providing Recommendations." Dr. Surasak Thaniphantsakun, the head of the Mothers and Children Health Development Section, Family Health Division, gave a report.

AIDS has now spread to the family system. This shows that everyone concerned, including the people, must give attention to controlling this disease so that it does not continue to spread. Statistics compiled by the Epidemiology Division, Ministry of Public Health, in 1991 show that in some places as many as 8.8 percent of the pregnant women there have the AIDS virus. At least 30 percent of these women will transmit the virus to their babies through the blood, through the umbilical cord, through the semen and mucous in the vagina, or through the mother's milk. Moreover, those assisting in the birth or looking after the patient could contract the disease from them. [passage omitted]

Ministry Organizes Anti-AIDS Effort

92WE0436B Bangkok BAN MUANG in Thai 15 Apr 92 p 5

[Excerpt] [passage omitted] In his capacity as spokesman for the Ministry of Public Health, Dr. Thira Rammasut, the deputy under secretary of public health, said that the ministry is making a greater effort to prevent and control AIDS. The ministry has organized 12 model provinces nationwide to take resolute action to prevent and control AIDS. The 12 provinces are Saraburi, Chonburi, Rayong, Trat, Chiang Rai, Lampang, Songkhla, Pattani, Phetburi, Khon Kaen, Ubon Ratchasima, and Nakhon Ratchasima. A level-10 administrator from the Ministry of Public Health will be sent to each of these provinces to head the coordination and support teams in these provinces. Each team will include a level-9 official and a level 6-7 expert. They will attend meetings with the provincial AIDS committees, which are chaired by the provincial governors. They will also provide full support and coordinate things. Inspectors from the Ministry of Interior and senior police officers from the commissioner's offices and provincial police offices will periodically be asked to support this work.

Dr. Thira said that this model form in fighting AIDS will have the support of all units, and it is thought that this will achieve results in reducing the incidence of AIDS faster than before. It should also be possible for other provinces to use this model.

In December 1991, the Ministry of Public Health conducted the sixth AIDS inspection. This inspection is conducted every 6 months in particular localities. The inspection conducted in December showed an improvement as compared with the previous inspection, that is, the inspection conducted in June 1991. It was found that the incidence of AIDS declined 3 percent in intravenous drug addicts and 15

percent in pregnant women. But the rate of AIDS among low-class prostitutes climbed from 15 percent to 21 percent, and it rose from 4 percent to 5 percent among high-class prostitutes. The rate among men who use the services of prostitutes remained unchanged at 5 percent.

Researchers on Prostitute Demographics, Views, AIDS

92WE0436C Bangkok THAI RAT in Thai
15 Apr 92 p 5

[Excerpt] [passage omitted] There is a new study out concerning the behavior of prostitutes that touches on AIDS. Those who conducted the study included Dr. Phatson Limanon, Dr. Phenphon Thirasawat, Noppawan Chongwattana, and Mayuri Nokyungthong of the Institute of Population Studies, Chulalongkorn University.

Dr. Phatson, the head of the research team, summarized what she and her fellow researchers wrote:

"Based on our detailed studies on this subject, even though prostitutes come from different families, including some who come from families that are relatively prosperous, the great majority come from poor agricultural families. These girls have not completed Grade 6, and most are between the ages of 15 and 24. Almost all of them come from the north.

"Most of the prostitutes are satisfied with the money that they earn from prostitution, and they are proud of the fact that they are able to send money to help support their parents. But many of the prostitutes are forced to stay in this profession, because they owe money. They sent money to their parents in advance and still owe money to the pimps and bar owners.

"With respect to the AIDS public relations activities of public health officials, most of the prostitutes know how AIDS is transmitted, and they are well aware of what should be done to prevent AIDS. Almost all of them have heard about AIDS. However, more of the prostitutes who work at restaurants or coffee shops are aware of the AIDS problem than are those who work at brothels. This is because those who work at restaurants and coffee shops have a chance to obtain information, and they have more contact with people on the outside.

"Our study showed that for prostitutes, television is the most important source of information about AIDS. They also receive information from health clinics, hospitals, the radio, and newspapers and from chatting with friends and relatives. A final source of information is the movies.

"As for the views of prostitutes on AIDS and those with AIDS, our research team first tried to focus on issues remote from the person being interviewed and then gradually focus in on issues affecting them directly. Seventy-five percent of the prostitutes said that they are afraid of AIDS. About 15 percent said that they are not afraid or that they are indifferent. The others did not answer the question or did not answer the question properly.

"When asked how they felt about AIDS victims, the respondents gave four main responses. About one-third of the prostitutes said that they fear and hate these people and that

their first priority is to protect themselves. About one-fourth of the prostitutes said that they feel sorry for those with AIDS. Another one-fourth of the respondents refused to answer the question. Finally, about one-tenth of the respondents said that they are not afraid of those with AIDS or are hardened to things and can put up with anything.

"The prostitutes in the sample were asked what they would do if they contracted AIDS. The responses showed that about half of the prostitutes are so afraid of AIDS that they would kill themselves. About 25 percent said that they didn't know what they would do or that they would simply leave it to fate. Some said that they didn't care and were not afraid. And some said that they would give up this profession and return home. They said that they wouldn't want to become involved with anyone.

"Based on the above responses, the researchers asked, If you are afraid of AIDS, do you want to get out of this profession? In response, 14.1 percent of the prostitutes said that after leaving the brothels, they will engage in the same work, but they will work out of restaurants instead. About 56.5 percent said that if they have a chance to get out of this profession, they will return home and work as farmers. And 18.8 percent said that they would like to get out of this profession, return home, and do whatever type of work they can. Another 5.9 percent said that they would like to get out of this profession and become housekeepers, and 4.7 percent said that they would like to leave this profession but that they don't know what other type of work they could do.

"Based on these data, it can be concluded that most of the prostitutes would like to return to their native villages in order to engage in another line of work that they have the capabilities and money to do. In view of this, those concerned and the people responsible should look for ways to help prostitutes find secure and safe jobs as soon as possible.

"The research team feels that AIDS is spreading very rapidly. Thus, prostitution is not just a social problem. It is also an important public health problem of the country. Solving this problem requires that continuous and resolute action be taken, and all sectors must cooperate. If this is done, this problem should become manageable for society. [passage omitted]

AIDS Control and Prevention Priority

BK0205022692 Bangkok BANGKOK POST in English
2 May 92 pp 1, 3

[Excerpt] The Suchinda Government has vowed to support and promote press freedom and to make bureaucrats more receptive to public opinion.

A government policy statement, to be delivered by the Prime Minister to Parliament next Wednesday, also promises to encourage the development by the private sector of commercial tree farms and public participation in the conservation of natural resources.

AIDS control and prevention are regarded as a priority but publicity must not be such as to jeopardise the tourism industry.

According to Parliament President Ukrit Mongkhonnawin, Wednesday's debate on the statement may last until midnight.

- On press freedom, the Government says it will support and promote freedom of the mass media in presenting the news speedily and in obtaining information accurately.
- On public safety, the Government says it will step up suppression of all forms of crime, especially illegal logging and white collar crime. Narcotics producers and traffickers will also be dealt with decisively.

On AIDS, the Government emphasises the need to control and prevent the spread of AIDS and to improve the treatment of AIDS sufferers.

Steps will also be taken to enable HIV carriers and AIDS sufferers to function in society normally.

Non-governmental organisations, charities and the public sector will take part in AIDS control. But AIDS publicity must be done in a manner that will not affect the tourism industry. [Passage omitted]

AIDS Carrier Allowed Entry, Regulations Changed

92WE0500A Bangkok SIAM RAT in Thai
13 May 92 p 7

[Excerpt] [passage omitted] The Ministry of Interior reported that when General Itsaraphong Nunphakdi was the minister of interior, the ministry issued the 14th regulation (1992) under the Immigration Act of 1979 which will rescind the previous regulation in effect from 1986. The new regulation denies entry into Thailand to foreign lepers or foreigners suffering at an advanced stage of leprosy, of elephantiasis, at the third stage of syphilis, alcoholics, and drug addicts. The regulation lifts the ban on foreigners who contract AIDS.

The report stated that the new regulation allowing entry to AIDS carriers has been in effect since 20 February 1991. The reason for lifting the ban is that circumstances involving AIDS have changed considerably. Moreover, to deny AIDS carriers entry is not effective in preventing the spread of AIDS.

This reporter has inquired at the AIDS Division of the Ministry of Public Health, about the new regulation and learned that lifting the ban on the AIDS carriers was the Public Health Ministry's initiative, and that it faced no objection from the Ministry of Interior.

"After due consideration, the Ministry of Public Health reasoned that it should avoid discrimination because it is difficult to determine if the AIDS carriers contract the disease through sexual contact, sharing needles, or blood transfusion. Furthermore, there are millions of tourists each year. We do not have enough personnel to examine them. Hence, it is better to abolish the previous regulation. The best method possible at present is to provide the most information on AIDS prevention to the Thai people. As for the other diseases that are banned, most of them can be detected clearly by the naked eye. AIDS, on the contrary,

has internal symptoms. When it is really serious, the AIDS carriers will not make a trip any way. The more important issue here is that we want to avoid being accused by other countries on the charge of discrimination against the AIDS carriers," the official said.

Paper Reports Death Toll From AIDS in North

BK0406023992 Bangkok BANGKOK POST in English
4 Jun 92 p 7

[From the "Horizons" section]

[Text] The dreaded AIDS disease has spread rapidly in this northern capital claiming a total of 84 lives from 1988-1992, a Chiang Mai medical specialist revealed recently. She said the death toll from AIDS would continue to rise as men continued to indulge in unsafe sex with prostitutes.

Doctor Petchari Siriniran, a medical specialist at the Chiang Mai Provincial Public Health Centre said apart from those who had already died, there were 365 cases of patients with AIDS.

"About 309 of the 365 AIDS patients are middle aged men," she told HORIZONS. However, more disturbing than the AIDS count is the fact that the authorities do not have the figures on people who have tested HIV positive.

Dr. Petchari said blood tests on high risk groups have been carried out every 6 months since 1989, particularly in Chiang Mai's Muang District where there are many prostitutes and service girls.

The impact on society must be taken seriously. It has now been proven that the fatal disease spreads from service girls to men, who in turn pass it on to their wives (in both city and rural areas). It is then passed on to their babies," she said of the possible AIDS explosion.

"The number of people infected through unsafe sex is increasing. In June we will test more prostitutes to assess the rate of infection. Since June 1989, 30 percent of all the prostitutes we tested were found to be HIV positive.

Meanwhile, she noted that the spread of AIDS among service girls, who are not professional prostitutes, had increased from five to 12 percent from June 1989 to December 1991.

Total of 1,234 AIDS Patients Reported After Middle of May

BK1507081292 Bangkok Radio Thailand Network in English 0000 GMT 15 Jul 92

[All figures as heard]

[Text] After the middle of May this year, 1,234 AIDS and AIDS-related patients are reported in Thailand, of this number 1,056 are male and 176 female. The Ministry of Public Health says in its AIDS update report that the ratio of male to female AIDS and AIDS-related patients in Thailand is six to one. Of the reported cases, 512 are full-blown AIDS. The rest 722 are HIV infected at different stages.

The report further says that the 456 male patients have contracted the disease through sexual relationship in most cases—to be exact 373 persons, 36 from intravenous drug use, four from blood transfusion, 17 from medical [as heard] transmission, and six unidentified causes. Of the 56 female patients, 38 got the disease through sexual relationship, two from intravenous drug use, one from blood transfusion, and 15 from medical transmission. Latest report says that 288 AIDS patients are alive.

Official Says 70 Percent of AIDS Victims in Rural Areas

*BK2007014792 Bangkok BANGKOK POST in English
20 Jul 92 p 1*

[Text] More than 70 percent of AIDS sufferers live in rural areas, Deputy Permanent Secretary for Health Dr. Thira Ramasut said yesterday.

According to the latest information he has received, of 642 AIDS patients, 116 or 18.07 percent live in municipal areas. Thirty cases or 4.67 percent live in sukhaphiban [suburban] areas and the remaining 73.36 percent live in rural villages.

He said that of the 910 AIDS-related cases (ARC), 290 are in municipal areas, 100 in sukhaphiban areas and 448 cases or 49.23 percent in villages.

The trend shows that AIDS has already invaded rural Thailand, Dr Thira said.

Labourers account for the most AIDS and ARC cases at 41 percent. This is followed by farmers at 15 percent of all cases.

Of the 910 ARC cases, 28 are housewives, he said, adding the trend is likely to rise "if there are no proper and effective controls in all areas."

Dr. Thira, however, expressed confidence that the programme being implemented by the Public Health Ministry, which places emphasis on AIDS control and prevention, will help cope with AIDS.

VIETNAM

Total of 58 Affected With AIDS

*BK2904072392 Hanoi VNA in English 0628 GMT
29 Apr 92*

[Excerpt] Hanoi VNA April 29—[Passage omitted] The English-language newspaper VIETNAM NEWS reports that another Vietnamese, a 20-year-old woman in Ho Chi Minh City, has tested positive for the AIDS virus, adding that she is the second Vietnamese and the 58th person in Vietnam known to be affected with the AIDS virus.

Medical Institute—No HIV Positive Cases Found in Hanoi

*BK1007065992 Hanoi VNA in English 0518 GMT
10 Jul 92*

[Text] Hanoi VNA July 10—No one has proved to be HIV seropositive since April 1990 when the Hanoi medical service began blood tests on high-risk groups in the city.

In the first half of this year alone, the Municipal Institute for Epidemics and Hygiene gave blood tests on 3,369 persons, of them 53 prostitutes, 418 venereal disease patients, and 567 blood donors.

So far 58 persons in Vietnam have been proved to be HIV seropositive. Of these 58 cases, only, are Vietnamese, and the rest of 56 are foreigners. [As received]

ALBANIA

Programs for AIDS Detection, Prevention
92P20289 Tirana BASHKIMI in Albanian
5 Mar 92 p 3

[Interview with Ylli Savolli, director of the Directorate of Hygiene, deputy chairman of the National Commission for Combatting AIDS; place and date not given: "In Response to the Question: 'Is There AIDS in Albania?'"]

[Text] **BASHKIMI reporter:** For a long time, the "news" has been circulating that there have been cases of AIDS in our country. What is the true story?

Savolli: According to our data, so far, among the persons tested, no HIV [Human Immunodeficiency Virus]-positive person, that is, no carrier of the AIDS virus has been identified in Albania. Some 8,000 persons with a high risk of infection have been tested since 1988 when the laboratory for the diagnosis of AIDS was set up in the Institute of Hygiene and the sero-epidemiological study of the disease began. However, these data are not valid proof that we do not have AIDS in our country. On the one hand, the small number of people tested because of the lack of diagnostic kits and the imperfect structure which we have for combatting and preventing the disease and, on the other hand, the increase in the number of persons at risk affect the value of these data. With this in mind, the National Commission for Combatting AIDS, which is headed by the minister of health, evaluated the situation and, in its most recent meeting, concluded that Albania is in immediate danger of the entry of AIDS into the country and perhaps the virus has already arrived. For this reason, it would be desirable for us to detect a case through testing in order to sensitize public opinion.

BASHKIMI reporter: What experience have we had in preventing the spread of the virus?

Savolli: The period from 1984 to 1987 was a time for learning about the disease and training the first specialists by means of short specialization courses, mainly in Paris. In 1987, the National Commission for Studying, Preventing, and Combatting AIDS was established and the first program for combatting AIDS was drawn up. In 1988, a laboratory for the diagnosis of AIDS was set up in the Institute of Hygiene. In 1989, the second program, for the 1989-1990 period, was drawn up. The World Health Organization [WHO] provided 150,000 dollars to finance the establishment of the laboratory in the Institute of Hygiene and Epidemiology, short-term specialization courses for cadres, and teaching materials and equipment, etc. For the 1990-1993 period, a medium-term program has been drawn up which will also be implemented with WHO assistance. For this program, WHO will give us about 800,000 dollars in assistance.

BASHKIMI reporter: Do you think that the implementation of this program will protect our country from the danger of AIDS?

Savolli: I think that the implementation of the program will make it possible to create the necessary network and the

essential structure for facing all the problems posed by the disease. However, AIDS is a disease which is linked to social causes, to the formation of an individual, to his lifestyle, morals, etc.

POLAND

Recent Statistics on AIDS Noted, Reviewed
92WE0516A Warsaw SLUZBA ZDROWIA in Polish
No 19, 10 May 92 pp 6-7

[Article by Wanda Szata: "AIDS in Poland and Worldwide"]

[Text] According to the most recent data, in Poland at present there are 87 people stricken with AIDS, 42 people who have died of AIDS and 2,074 people who are infected with AIDS. The first case of someone's being HIV positive was diagnosed in Poland in 1985 and the first case of AIDS was recorded a year later. In the years that followed more cases were diagnosed: by 31 January 1992, a total of 87 cases was recorded (1986—1; 1987—2, 1988—2; 1989—24; 1990—21; 1991—35, and January 1992—2). Initially, primarily homosexuals and bisexuals were infected, but since 1989, persons of both sexes who used drugs intravenously have been infected. Of the fatal cases, 78.6 percent have been homosexuals and bisexuals.

Among those stricken, men predominate numerically (79 men and 8 women). Except for one woman, who was infected through heterosexual contact, the women are all intravenous drug users. Going by decades, the largest number (29 patients) is from the 30-39 age group.

At the time of the AIDS diagnosis, in most cases (78), opportunistic infections were occurring. In 5 cases, there were opportunistic infections and Kaposi sarcoma, and in individual cases: Kaposi sarcoma, lymphoma, encephalitis, and the other AIDS-related complexes characteristic of the progress of an HIV infection.

Of the 87 people infected with AIDS, 42 (48.3 percent) gave the Warsaw Voivodship as their permanent place of residence. The rest came from the following places: Radom—5, Wroclaw and Zielona Gora—4 each, Bydgoszcz, Gdansk, Katowice, and Siedlce—3 each, Bielsko and Lodz—2 each and 1 each from the other 16 voivodships.

Since 1985, when studies on the presence of anti-HIV antibodies were initiated, until 31 January 1992, 2,074 cases of HIV infections were noted among the citizens of our country (from 1985-1987—52 people, 1988—59 people, 1989—518 people, 1990—809 people, 1991—562 people and in January 1992—74 people). A marked increase in this number was noted in 1989. Those affected were primarily people who used drugs intravenously. Among them the first HIV infection was diagnosed in Poland in September 1988, when the number of examinations done among people in this group was 2,505.

Thus, in subsequent years, the number of infections noted among those using drugs intravenously was as follows: 1985-1987—0, 1988—12 people, 1989—411 people, 1990—653 people, 1991—402 people and in January

1992—44 people). This constituted the following percentage of the total number of HIV infections in Poland noted in the following years: 0, 20.3, 79.3, 80.7, 71.5 and 59.5.

The spread in HIV infections among drug users not only increased the number of infections in this group to at least 1,522 (which is the total from 1986-January 1992 data), but it also bore other consequences:

- A change in the proportions of infected women compared to infected men from 1:9 from 1985-1988, and even 1:20 in 1988 to approximately 1:4 currently;
- The lowering of the age of those infected with HIV—at present nearly 60 percent are in the 20-29 age range, and another 12 percent are under 20 years of age;
- The birth of children in whom anti-HIV antibodies are present, which means the future occurrence of a certain number of children infected and ill with AIDS;
- The presence of intravenous drug users among blood donor candidates; in 1989, there were 23 such persons among a total number of 47 serologically positive blood donor candidates, and in 1990 there were 17 such persons from a total number of 39.

Who Was Tested?

From 1985-1990, 4,800,763 tests were performed to determine the presence of anti-HIV antibodies among Polish citizens.

A total of 4,587,950 tests (95.5 percent) was done on blood donor candidates. Among them, infections were diagnosed among 107 persons (0.002 per 100 tests). Moreover, 15,028 tests were done among those who were intravenous drug

users, 7,205 were done among prostitutes, 6,482 were done among blood recipients, 3,017 were done among homosexuals and bisexuals, 1,980 were done among hemophiliacs and 179,101 were done among other persons (for example, people going abroad who had been infected through heterosexual contact).

From 1985-1990, 21,813 tests were done in addition to the tests of blood donors. As a result of these tests, 1,331 persons were found to be infected with HIV. This constitutes 0.6 per 100 studies. Detailed data on the number of tests done in 1991 is now being gathered. It will be made available after figures are totaled and an analysis is done.

Those infected with HIV are primarily the residents of large urban concentrations and suburban areas. Twenty-one percent of them gave their permanent address as the Warsaw Voivodship. In the last two years, a relatively large number of infections was noted in the voivodships of southwestern Poland.

For years, data on those afflicted with AIDS, as well as those infected with HIV in Poland has been sent to the Regional Office of the World Health Organization [WHO] and the European Center for Epidemiological Inspection of AIDS.

It is known that the 179 countries of the world are obliged to report this data. To date, 159 countries have done so. These include 52 in Africa, 44 in both Americas, 27 in Asia, 28 in Europe, and 8 in Oceania. Of those countries which have not reported cases of illness, 11 are in Asia, 7 are in Oceania, 1 is in Africa and in Europe, only Albania has failed to file reports. According to the assessment of WHO experts, the number of countries of the world which have reported cases of illness reflects accurately the worldwide scope and extent of the problem.

BRAZIL**New System To Track AIDS Incidence**

*92WE0544A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 29 Jun 92 p 11*

[Report by Daniel Hessel Teich]

[Text] Starting in the latter half of this year, the Ministry of Health will implement a new epidemiological monitoring system to track AIDS cases in the 10 Brazilian states that have the highest incidence of the disease. The new statistical system, based on serological tests of population groups, will measure the incidence of asymptomatic carriers among Brazilians.

"The current figures refer to infections contracted at least five years ago," explained the acting coordinator of the Ministry of Health's National Division of Sexually-Transmissible Diseases and AIDS, Celso Ferreira Ramos Filho. "It is unlikely that the data we have on the epidemic and its tendency to spread reflect the true situation," he said.

Backed by the World Health Organization (WHO), which supplied some of the \$150,000 that will be spent on the program—the new tracking strategy, dubbed Sentinel, will

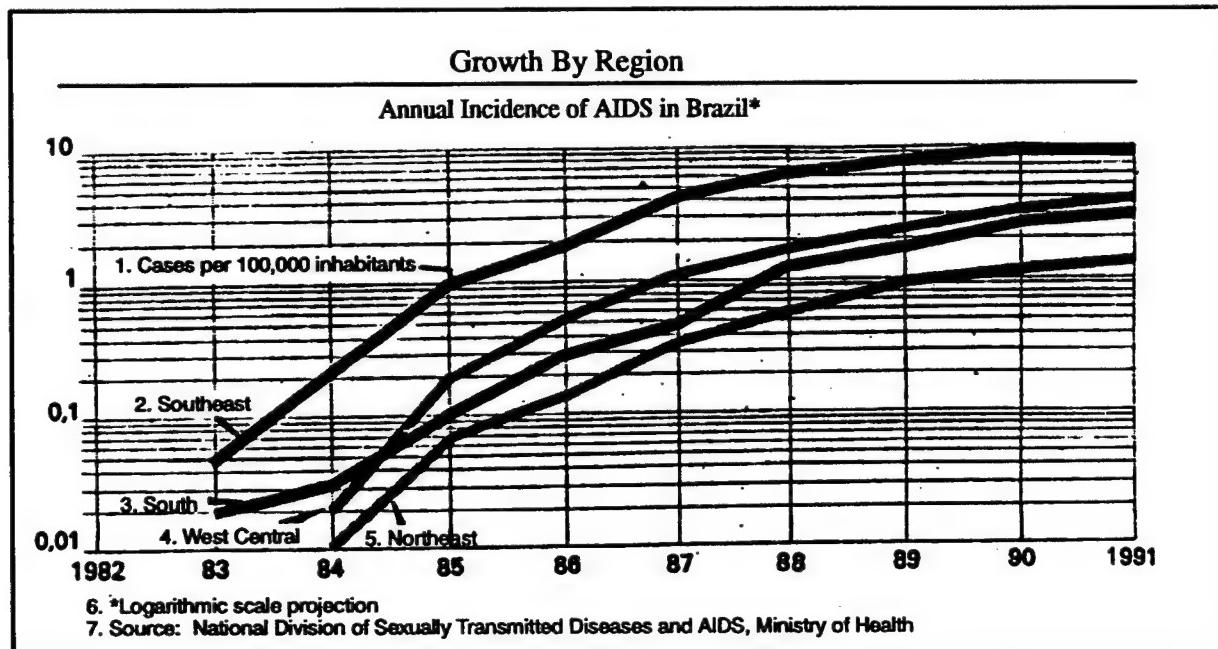
function alongside the system now used by the ministry and the state health departments.

Anonymous Testing

In order to reverse the current situation in which the actual percentage of Brazilians infected by the HIV virus is unknown, the project is starting with a bold concept: blood will be drawn at random from part of the population and tested, but the people whose blood is tested will not learn the results, nor will the technician who analyzes the samples have any way to identify their origin.

"These analyses will be done for purely statistical purposes, and we are not interested in knowing who the samples belong to," said Luis Antonio Loures, coordinator of the Sentinel program and head of the Epidemiological Monitoring and Research Support Unit in the Ministry of Health's National Division of Sexually Transmitted Diseases and AIDS. The system is described by Loures as "anonymous, uncorrelated serology."

Four hundred blood samples will be collected in each of the ten states. Initially, blood will be drawn from people who seek treatment for STD's and women undergoing prenatal examinations.



Drugs at the Forefront

Infections Increase Faster Among Drug Users in the State of Sao Paulo (In Percent)

Year	Homosex-uals	Bisexuals	Heterosex-uals	Intravenous Drug Users	Hemophil-iacs	Blood Trans-fusion	Vertical	Under Investi-gation
1980	—	100	—	—	—	—	—	—
1983	56	24	4	4	—	4	—	8
1985	59.5	25.2	3.7	3.1	2.4	2	—	4.1
1988	36.8	13.4	8.1	25.2	1.4	4.2	2.8	7.9
1991	22.3	10.8	14.3	35.6	0.7	1.7	2.7	11.7
1992*	26.1	11.8	17.3	30.6	1.6	1.4	1.4	9.8

*Preliminary figures as of 31 March.

Source: Center for Epidemiological Monitoring, Sao Paulo State Health Department.

Population

According to Loures, that sampling will make it possible to measure the progress of the disease in a population of predominately heterosexual behavior in which the members are in the habit of getting physical examinations. "It is a population that also seeks out health services relatively frequently. Moreover, the number of pregnant women and carriers of sexually transmitted diseases is stable and does not vary much from one year to the next," he said.

According to Ramos, "Programs to measure the prevalence of antibodies in serum are nothing new, but they have never been conducted in a periodic fashion among the same population and over such a broad geographical area. Successive tests will enable us to trace the profile of the epidemic."

Government, WHO Sign Agreement on AIDS Research

PY1107013892 Brasilia Voz do Brasil Network
in Portuguese 2200 GMT 10 Jul 92

[Text] The Brazilian Government and WHO agreed today on Brazil's entry into the areas of research and control of AIDS vaccines.

WHO will release \$1.5 million for the expansion of the network of laboratories that will isolate and characterize the types of viruses existing in Brazil. Moreover, WHO will provide specialized training to Brazilian scientists.

Today's agreement will allow Brazil to study the effectiveness of the 14 anti-AIDS vaccines being developed in industrialized countries.

The agreement also states that the vaccines will be tested here only after the conclusion of the tests for effectiveness conducted in the originating countries.

According to National AIDS Program Coordinator (Lair Guerra de Macedo), the first step now is to characterize the virus or viruses found in the country.

[Begin recording] If the vaccines being tested do not correspond to the characteristics of the viruses circulating in Brazil, a process of dialogue and negotiations probably will begin in Brazil so that those viruses will be included among

those already existing, or to determine the possibility of producing a new vaccine to meet the specific needs of Brazil. [end recording]

The characterization process is the most important stage for the production of vaccine because the viruses found in Brazil might be different from those in other countries.

COLOMBIA

AIDS Statistics Given, Programs Described

92WE0478A Santa Fe de Bogota *EL ESPECTADOR*
in Spanish 19 Apr 92 p 11-A

[Article by Gilda Sarmiento: "Millions Invested To Fight AIDS"]

[Text] Santa Fe de Bogota—Every day an AIDS patient dies in Colombia. Nevertheless, there are no reliable statistics because of the fear of social stigmatization on the part of patients and their relatives.

Meanwhile, the epidemic is continuing its precipitous lethal course. Since 1986, at the Social Security Institute [ISS] alone, 349 patients have died, and the cost of treatment exceeds 3 billion pesos.

The ISS figures do not appear to be causing alarm because the agency treats half of the cases in the country; and out of a beneficiary population of 4.7 million (members and entitled persons), 917 individuals, including those infected, sick, and dead, were recorded during the period 1986-92.

But whereas, in 1986, six infected, four sick, and three dead were recorded, thus far this year there have been 98 infected and 151 sick.

The disease does not discriminate between rich and poor, nor between adults and children (whose immune systems are weaker).

Sexual relations are still the main carrier of the contagious disease: accounting for 90 or 95 percent of the cases.

With the advances made in diagnosis, certain taboos are beginning to be discarded. For example, this is not a disease exclusive to homosexuals, promiscuous persons, and prostitutes. Those suffering from another type of venereal disease and with risky habits, such as unconventional sexual

practices, are more susceptible to contracting the virus and display shorter incubation periods.

In Colombia the greatest number of victims are male. As of 1990 there were 630 cases among males and 35 among females. Most of the cases are concentrated in the 20-49 year age group.

Decree 559 of 1991, which ordered confidentiality regarding the person who is infected or suspected of having the disease, has compounded the fear of discrimination.

The same law expressly forbids the requirement of serological tests to detect AIDS for admission or continuation in educational, sports, or social centers and for access to or continuation of any work activity.

EL ESPECTADOR learned that despite this, certain business firms, for the alleged purpose of conducting other types of medical examinations, take advantage of them to extract blood and perform the test, and even dismiss employees.

This situation has prompted many government officials to handle the statistics on human immunodeficiency syndrome [HIV] with extreme caution, so as not to alarm employers nor hurt the worker.

What Is Expected

Although the problem in the ISS has not reached unmanageable limits, the worst is yet to come, because it is anticipated that persons who incubated the virus during the 1980's will begin developing the disease and that the fatalities will surely multiply.

The most disturbing aspect is that the increase in those infected is becoming greater (70 percent) and there is no vaccine to halt the disease.

In order to understand the problem, one must know the difference between an infected and a sick person. This was explained by Carlos Jaramillo, chief of the National Division of Support Services; Adalgiza Magana, a health educator; and Alfonso Figueroa, director of the ISS National Community Health Office.

- **Infected:** The person has acquired AIDS, that is, HIV. Within this group there are symptomatic and asymptomatic persons. The latter account for 70 percent or more of the cases and show no symptoms. They may even not develop the disease, but transmit it.
- **Sick:** This group comprises 20 percent of individuals whose disease is recent. The remaining 5 or 10 percent are the terminally ill, that is, the ones with no life expectancy.

The treatment for an AIDS patient costs between 7 and 10 million pesos per year in the ISS, and the survival period depends on his condition. If the disease is advanced, it ranges from three to six months; and in infected persons it is more than five years.

Regarding the controversy over the costs for a terminal patient, who is going to die in any event, the professionals indicated that, as physicians, it is their obligation to help

him have a reasonable quality of life and to console him in his physical and moral suffering, but not to leave the family bankrupt.

National Control Plan

In countries in which the virus appeared during the 1960's or 1970's, the cases reached their maturation period during the 1980's.

In Colombia, where the first AIDS case was detected in a prostitute in Cartagena during 1983, it is expected that many persons have incubated the disease and that the cases will increase considerably from now on.

Annual Trends in AIDS, 1986-91

Year	Infected	Sick	Dead
1986	6	4	3
1987	30	31	18
1988	68	61	42
1989	131	105	61
1990	188	171	109
1991	98	151	116
Total	521	523	349

Source: ISS Statistics, 1986-1991

To cope with the epidemic, because the worst is yet to come, Social Security will invest 2.5 billion pesos over the next two years in a National Control Plan directed toward its 4.7 million beneficiaries.

The plan is financed, and its goal is twofold: to prevent the transmission of the virus and to reduce the social, economic, psychological, and occupational impact on the infected patient.

The comprehensive plan consists of several programs:

- **Educational:** Approximately 1.2 billion pesos will be invested in education on habits, risk factors, and health care, with the realization that the only vaccine existing is education and efforts at prevention.
- **Blood program:** It is intended to promote the altruistic donation of healthy blood in large volumes. Individuals should feel that this is not an obligation nor an imposition, but rather an investment for the future, which could be today, because no one is immune from an accident. This program calls for an improvement in infrastructure, with an investment of approximately 500 million pesos in equipment.
- **Treatment and management of the patient and of persons who have the disease:** For this purpose a complete treatment model is being developed, in which consideration is given to the psychological, sociological, medical, dental, occupational, and even legal problems faced by those suffering from AIDS. For example, anxiety can lead to suicide, and people are discriminated against in the social environment.
- **Information program:** The Social Security Institute is not interested in counting deaths. One death is the

same as 1,000, because this disease does not discriminate among classes. The worst part of it is that AIDS has been given the dual connotation of death and sin. In other words, it kills both body and soul. Hence, in their collective subconscious, everyone is so worried that they have decided to ignore the problem.

Colombia has "condomized" the AIDS problem. Now, it will be more important to teach people to practice responsible sex.

To achieve this there is no need to use negative messages, such as advising people not to engage in sex, but rather, to practice it responsibly, engaging in hygienic sex.

This is because burning the patient's house was no cure for tuberculosis during the last century; nor was a ban on eating fish the cure for cholera.

CUBA

Current AIDS Situation Discussed at Seminar *FL1106211192 Havana Radio Reloj Network in Spanish 1932 GMT 11 Jun 92*

[Text] The forms of contagion as well as the medical, psychiatric, and social treatment offered to AIDS patients in Cuba were set forth today at the Latin American seminar on infectious diseases that is underway in Havana. Being discussed simultaneously at the seminar's headquarters, William Soler Pediatric Hospital, are topics related to infectious diseases and living standards; and advances in and prospects for learning more about and treating septic syndrome and AIDS in Latin America. It was reported at the seminar that as of 31 May, 785 cases of HIV-positive people—out of 12 million tests—had been reported in Cuba. This gives us a percentage of 0.006 percent AIDS patients in Cuba. Most of these cases are in heterosexuals, and the average age ranges from 15 to 34 years of age.

Panel Discusses AIDS Statistics *FL1507212492 Havana Cuba Vision Network in Spanish 0105 GMT 15 Jul 92*

[Editorial Report] Havana Cuba Vision Network on 15 July carries the "Open Agenda" program on the subject of AIDS. Program host Lucia Gonzalez begins by introducing her guests, Vice Minister of Public Health Dr. Hector Terry and Dr. Gisela Sanabria, the director of the National Health Education Center.

Gonzalez asks Terry what the current situation in Cuba is, how many HIV-positive patients there are, and how many deaths Cuba has had to date. Terry says that last year ended with a total of 711 seropositive cases. In the current year, 101 new cases have been detected. Terry adds that there are currently 55 patients in varying stages of illness. Of the 81 people who have died, 72 died of causes related to the virus and nine of unrelated causes. The deaths include two young girls. These are the figures obtained in the six years of the program and after more than 12,600,000 tests.

Gonzalez asks which province has the highest number of cases. Terry answers that four provinces have more than the

average number of cases. Pinar del Rio has the highest incidence in the country with 0.031 percent of the population, followed by Havana, Villa Clara, and Sancti Spiritus. The rest of the provinces in the country have lower incidence rates.

Gonzalez asks which age and sex group has the highest number of cases reported. Terry says that out of the 812 seropositive cases, 28.6 percent (233 cases) are female and 71.4 percent (579 cases) are male. Terry continues by saying that sexual conduct has a great influence, since there is a higher rate among homosexual and bisexual men. This group represents 58 percent of the cases among males. The remaining 42 percent pertain to the group that practices heterosexual relations. The age group most affected is consistent with what is found in other countries: those between 15 and 19 years old. Terry adds that in that age group, the male/female ratio is one to one, although in older age groups, the male/female ratio is three or four to one.

Gonzalez asks Sanabria if sexual intercourse is still the main way of catching the virus and if the frequent change of sexual partners is the most common risk factor. Sanabria says: "Right now, from the number of cases that have been diagnosed since 1986 to date, sexual intercourse is the most frequent practice through which the HIV illness was acquired." Sanabria continues by saying that research has shown that the population knows what AIDS is and the means of transmission, and even though they know that sexual intercourse is one of the main means of transmission in most cases, there is still a high rate of risky sexual practices. Sanabria says, "Undoubtedly, people do not believe that they are in danger. They know that the frequent exchange of partners could cause them to acquire the illness. They know that they must protect themselves, but there is a big gap between knowing and doing."

After showing interviews with several patients, whom Gonzalez says are not typical of Cuban patients, since they say they were promiscuous, Sanabria discusses the patterns of transmission of the HIV virus among homosexuals and heterosexuals. She notes that the same patterns hold for other sexually transmitted diseases.

Gonzalez asks how Cuba compares to other countries and what Cuba will be presenting at the international conference on AIDS which will be held on 19 July in Amsterdam. Terry answers: "Cuba still has a very low rate of seropositivity. The rate is only 0.006 percent." He adds that this is part of what Cuba will be presenting at the conference.

Terry says that this congress should supply much information on scientific research that is being conducted to develop new therapeutic methods, drugs, and 20 new vaccines. Terry says that Cuba will also present its experience in clinical work and concerning the life expectancy of patients at the sanitarium and other centers. Terry adds that the incubation period in Cuba is now about 12 years, while the incubation period for patients who have led very promiscuous lives and also those who are bisexual or homosexual is only 7.5 years.

Terry comments on the projected number of AIDS cases in the world by the end of the decade. He says that today the number of cases now exceeds 500,000 worldwide. All the

world health organizations are concerned that the rate among the infant population has increased. Gonzalez asks if there has been an increase in the number of cases among women, and Terry answers that this seems to be true. He adds that Cuba has developed a new method to diagnose HIV-1 and HIV-2, which will be presented at the AIDS conference.

Gonzalez then reads a question phoned in by a listener asking what steps a person should take to determine whether or not he has the virus. Terry explains that the country has municipal centers of hygiene and epidemiology, and there are information offices in every province.

The 28-minute program ends with the music composed by Freddy Mercury, who died of AIDS, for the Barcelona Olympic Games.

GUYANA

Program Director Confirms 258 Cases of AIDS to Date

*FL0206111392 Bridgetown CANA in English
2302 GMT 1 Jun 92*

[Text] Georgetown, Guyana, June 1, CANA—Guyana has over 5,000 people infected with the Human Immunodeficiency Virus (HIV) which causes AIDS and 258 confirmed cases of the deadly Acquired Immune Deficiency Syndrome, Dr. Edgar London, head of Guyana's National AIDS Programme, said here Monday.

"Five thousand is still conservative," he said. "It might be more than that." Of that number of AIDS victims, 123 have died so far. The 258 cases have been recorded from 1987 to March, 1992.

London told CANA that Guyana has recorded 28 confirmed AIDS cases in the first three months of this year. "We are not doing very well at all," he said. Guyana is ranked fourth in the Caribbean after Bermuda, Barbados, and Trinidad.

Of the total cases 189 were males. There were 135 heterosexuals cases of the disease spread mainly by sexual contact, London said. Ten cases were recorded in 1987, 34 in 1988, 40 in 1989, 61 the following year, and 85 last year.

London said the trend in the risk [words indistinct] changed from homosexuals to bi-sexuals to heterosexuals. "This situation tells us that more females will be affected and therefore more children will be affected," he said. About half of the children born to infected mothers will also pick up the virus, he explained.

Most HIV/AIDS victims are people between the "productive" ages of 20-39. Lectures and other programmes on the deadly disease are to be taken into school classrooms to sensitise students on the danger and ways of preventing its spread.

"The Ministry of Health is adopting all the ways and means of getting this message across to the young people as well as the elderly people," London said. The material for various age groups is being prepared and should be ready for distribution by monthend, he said.

HONDURAS

AIDS Cases Total 2,888 Nationwide

*92WE0536B San Pedro Sula TIEMPO in Spanish
6 Jun 92 p 4*

[Text] Tegucigalpa—According to the May report of the health authorities, the number of patients infected with the HIV virus rose to 2,888.

The head of the ministry's Epidemiology Division, Dr. Enrique Zelaya, said that 2,888 cases of HIV-infected persons has been recorded. Of these, 1,913 had developed AIDS. Just last month there were 94 cases, including three children under 5 years old, who were infected by their mothers.

It is in the northern part of the country, specifically San Pedro Sula, where the largest number of cases, 40 percent, has been recorded, most at national level. Contagion is by sexual relations.

With an increase of 75 to 78 children infected, the rate goes up to 3 percent, which places this group in the at-risk category, preceded by heterosexuals, persons receiving blood transfusions, and homosexuals, according to Dr. Zelaya.

The physician, who is coordinator of the AIDS campaign, said that 97 percent of the population knows what the disease is, but do not change their habits. This has led the health authorities to revise preventive campaigns to make them more effective.

In addition to marital fidelity, they are advocating the use of condoms and trying to make them more easily accessible, in view of the fact that youth, especially girls, have begun to have sexual relations at an earlier age.

He indicated that in departments such as Olancho, where the number of cases have been low, there were 22 cases last month. In Gracias a Dios, where no cases have been reported, there are now three people infected with the HIV virus. The number of cases have also been on the rise in Lempira and Islas de la Bahia.

MEXICO

Varying Estimates of HIV Infection Noted

Health Secretariat Epidemiologists Cited
*92WE0475A Mexico City LA JORNADA in Spanish
17 Apr 92 p 13*

[Report by Luis Alberto Rodriguez]

[Text] During the 11 years since the first case was reported, 9,247 people have developed AIDS. Of that total, about 48 percent of those infected have already died.

Estimates by SSA [Health Secretariat] epidemiologists indicate that more than 100,000 people in Mexico may potentially have already acquired the HIV virus, the causative agent of AIDS, but the majority are still asymptomatic.

Slightly more than 58 percent of the 9,247 AIDS cases are concentrated in the Federal District and Jalisco and Mexico States, in that order. In the capital, 3,137 cases have been reported.

Campesche has reported the fewest AIDS cases: 20 between 1981 and 1992. States reporting approximately 30 AIDS cases during that period are: Aguascalientes, Baja California Sur, Colima, Hidalgo, Queretaro, Quintana Roo, Tabasco, Zacatecas, and Chiapas. In Chiapas, not a single case had yet been reported in 1992 as of mid-March.

According to the SSA epidemiologists, the increase in cases "remains exponential, but of a reduced type." An indicator that people are being more careful about avoiding the risks of infection is that sexually transmitted diseases have declined in recent years.

As an example, during the first two months of 1991 3,453 cases of gonococcal infections were reported, but during the same period of 1992 only 1,209 cases were reported. Only 208 cases of syphilis have been reported to the SSA's Epidemiology Division.

These statistics only include notifications made by public health institutions, but they do reflect trends to some extent.

Puebla is another state with a large number of AIDS cases reported during the last 11 years: 431. As of mid-March 1992, it was second after the Federal District in the number of new AIDS cases reported during 1992. Forty-four cases of AIDS have been reported.

In Puebla there was a large increase in cases in relation to the first 10 weeks of 1991. Puebla was the only state in Mexico with a significant rise in reported cases of AIDS.

The SSA epidemiologists believe there is still a substantial backlog in timely reporting of new AIDS cases.

Mexico is the third country in terms of AIDS cases in the Americas, following the United States and Brazil. Throughout the Americas, 250,623 AIDS cases have been reported since 1981. In terms of the rate of prevalence, this means that for every 1 million persons, 357 are HIV-positive. The indicator for Mexico is 119 for every 1 million persons.

The rate of new cases is comparable to the cumulative incidence between 1983 and 1986. The rate of infection continues to rise among women, though since 1981, 85.2 percent of the total AIDS cases reported have been in men.

The report estimates that six times more men than women are infected.

Sexual transmission accounts for 87.1 percent of the cases. "There is stability" in the rates of homosexually transmitted AIDS cases, a decline in the rate of bisexual transmission, but an increase in heterosexually transmitted AIDS cases.

By mid-March, 358 new cases of AIDS had been reported during 1992. Twenty-four of these cases were children. Eleven of these children were infected perinatally; six by hemophilia; three by blood transfusions; two by heterosexual relations, and in two cases the mode of transmission is unknown.

Of the 334 remaining cases, 100 were male homosexuals; 99 were heterosexuals; 62 were male bisexuals; 43 had received blood transfusions; six had contracted the virus from blood donations; six were homosexual intravenous drug users; four were hemophiliacs, and in 15 cases the manner of HIV infection is unknown.

INDRE Figures Provided

92WE0475B Mexico City PROCESO in Spanish
No 806, 13 Apr 92 pp 44-47

[Report by Lucia Luna]

[Text] The first case of a patient infected by the HIV virus was officially reported in Mexico 11 years ago. Today AIDS has taken root in our country, and both present and future generations will have to learn to live—or die—with it.

This disease, which is transmitted by blood or sexual contact, was initially found in specific groups, labeled high-risk groups. Now it has begun to spread to other sectors of the population. Overcrowded hospitals, underfunding of the National Health System, ruined families, a decimated generation—not to mention the human tragedy—is the scenario we can expect during the coming years.

Sexual irresponsibility and ignorance are the principal vehicle for the spread of AIDS. Only information and education can counter these problems. It is a race against time, and a great many obstacles lie ahead.

The Conasida [National Council for AIDS Prevention and Control], which was started as a committee set up by the SSA in 1986, is now preparing for this race. In 1988 Conasida was transformed into a council because of the need for a normative and operational entity to implement policies to cope with this new disease.

Financed originally with funds from the National Epidemiology Division plus international funds and donations, Conasida grew in a few years from a group of people to a complex bureaucratic structure with a regular staff. Last year its federal budget was 10 billion pesos.

Its central offices bustle with activity. The telephones ring incessantly. Doctors, researchers, government officials, reporters, and students are constantly contacting the office to obtain information or to discuss AIDS-related issues.

According to official statistics prepared by the INDRE [National Epidemiological Diagnostic and Reference Institute], whose director, Dr. Jose Luis Valdespino, is also coordinator of Conasida's Epidemiology Committee, as of 31 January a cumulative total of 9,239 AIDS cases had been reported in Mexico.

The somewhat questionable accuracy of these statistics comes from the reports themselves. AIDS has officially been added to the list of diseases for which epidemiological monitoring is maintained and immediate notification is mandatory, in accordance with Articles 134 and 136 of the General Health Law. However, it has been found that the vast majority of cases are reported after delays ranging from six months to five years. On the average, the delay is at least two years.

According to epidemiological predictions provided by Dr. Valdespino and other doctors in a study presented in mid-1988, by 1991 a cumulative total of 64,000 to 76,000 cases could be expected. And by 1992, there should be between 36,000 and 46,000 new cases. This means that in 1992 the cumulative total would be approximately 100,000 AIDS cases.

That figure, quite alarming in itself, pales in comparison when we realize that for each AIDS case it has been calculated that there are between 30 and 50 HIV-positive cases. This means that by now, 3 to 5 million people should already have been infected with the HIV virus.

All these figures are mathematic calculations. In reality, the disease does not necessarily progress in that manner, as experience has demonstrated both here and in other countries.

The explanation offered by specialists in infectious diseases is that every epidemic spreads very rapidly in the beginning because it finds a susceptible and unprepared population. Later the rate of contagion begins to decline because within the same population group there are some who are not susceptible, who develop immunity, or who take steps to prevent the disease. Then the spread of the disease tends to stabilize, and in medical terms it is transformed from an epidemic and becomes endemic.

AIDS is not immune from that progression, although it does present some variants because of its characteristics. Organically, everyone is susceptible to contracting AIDS, and no one develops an immunity because the immune system is precisely what the disease attacks. But prevention and the fact that many people, because of the specific characteristics of the disease, will never be exposed to it, enables specialists to predict that the disease will not continue to spread as rapidly as it did in the beginning.

INDRE Itself believes that the spread of AIDS in Mexico now has an exponential index of a reduced type (2.1 percent). Epidemiologists and Conasida experts say that realistically, it can be calculated that for each AIDS case reported, another case goes unreported. This means that if nearly 10,000 cases have been reported, the real cumulative number of AIDS cases in Mexico is about 20,000.

This figure, which is five times lower than what was originally calculated, is still disturbing in itself, since if the AIDS/HIV-positive progression remains at 1/30-50, we can assume that there are now between 600,000 and 1 million HIV-positive people in Mexico, with the additional multiplier that this entails. And we should add that, contrary to what was thought in the beginning, clinical experience has demonstrated that every person infected—every HIV-positive person—will sooner or later develop AIDS and, as long as no remedy has been found, that person will die.

According to the AIDS/ETS [Sexually Transmitted Diseases or STD] Monthly Bulletin published by INDRE in February 1992, 3,132 cases of the cumulative total of 9,239 cases were reported during the past 12 months; this is equivalent to 33.9 percent. In comparison with the figures for the immediately preceding year, the increase in the incidence of AIDS was calculated at 18.1 percent.

During this period, the AIDS cases reported increased in 18 states and declined in 14. The jurisdictions with the greatest risk of AIDS infection are: the Federal District, with a rate of 316.5 cases per 1 million inhabitants; Jalisco, 229.9; Morelos, 209.4; and Yucatan, 169.9. More than half of the epidemic, 58.4 percent, is concentrated in three areas: the Federal District, and Mexico and Jalisco States.

The breakdown by sex shows that 85.2 percent of the AIDS cases occurred in men; the male/female ratio is 6 to 1. By age group, 65.8 percent of the cases occurred in people between the ages of 25 and 44, with cases in the age group between 45 and 64 a very distant second, and with lower percentages in other age groups.

Among males, 87.1 percent of the cases were attributed to sexual transmission, while among women 61.6 percent of the cases were attributed to contact with infected blood. An increase in heterosexual transmission has been observed, however. In children the major cause of transmission is perinatal, although there are also cases attributable to blood transfusion and sexual abuse.

The occupational sector in which most AIDS cases have occurred is administrative employees (one for each 1,367), public and personal service workers (one for each 2,187), and technical workers (one for each 2,224). The lowest rates are found among housewives, farm workers, and students.

By institutions, the SSA has reported 4,149 cases (44.9 percent); the IMSS [Mexican Social Security Institute] 3,440 (37.2 percent); the ISSSTE [Social Security and Services Institute for Government Workers] 756 (8.2 percent); and other institutions have reported 894 cases (9.7 percent). Of the patients, 47.8 percent (4,418) have died; 43.7 percent (4,036) are still alive, and there is no information about the outcome in 8.5 percent of these cases.

Mexico ranks 10th in the world and third in the Americas in terms of AIDS incidence.

Dr. Carlos del Rio, Conasida's executive director, does not really like to talk about numbers. Especially when those numbers come from other sources. He is convinced that 90 percent of Mexico's doctors do not even know they are required to report all AIDS cases that they find to the INDRE.

He would rather talk about the major patterns of this disease. One such pattern is the age group that has primarily been affected. In the United States, people now use the concept of "potentially productive years of life lost."

This means, explains Dr. del Rio, "that the majority of the patients who die of AIDS stop leading productive lives early, 20 to 30 years before the end of their normal lifespan. It means that the investment made in them by the state, society, their family, goes directly into the casket. And that is not all. For they also stop consuming, paying taxes, and many of them also stop supporting a family."

Another important fact arising from the age group that has been hardest hit is the time when the infection is contracted. "If AIDS cases appear primarily among the group between the ages of 25 to 44 and because AIDS has a 10-year latency

period, this means that the majority became infected between the ages of 15 and 34, very early in their sexual lives."

The Conasida director, an infectious diseases specialist and researcher, believes this is not surprising. Adolescence is a time when people experiment sexually, have multiple sexual partners, and engage in sexual activity with unknown people and with people of the same sex, which necessarily implies homosexuality. What is clear is that "the most important educational effort we have to make is not with people already between the ages of 25 and 44, but rather with people between the ages of 15 and 30, for that is the time when most people are going to become infected."

Conasida has prepared a pamphlet titled "Growing Up in the Time of AIDS," intended specially for children—some of whom become infected at the age of 10 or 12—and adolescents. This pamphlet explains what HIV is, what AIDS is, how it attacks the organism, how a person becomes infected and does not become infected, what to do to prevent infection, how to treat a person with AIDS, and general concepts of human sexuality. It is written in simple language and uses illustrations to promote better comprehension.

According to Dr. Del Rio, one major advantage Mexico has is that the largest segment of its population is young, "people who have not yet had sexual relations and who can be educated." To do so, he says, we need "an abrupt educational change," which will have to overcome strong resistance on the part of groups that think talking about human sexuality and AIDS promotes promiscuity.

"That is ridiculous," protests the Conasida director. "It is like saying that recommending the use of seat belts in cars promotes speeding." The important thing—something that is imperative, from his point of view—is to educate children and adolescents in the concept of "safe sex" because "everything indicates that AIDS has come to stay, that at least our children will have to wrestle with it. A vaccine or a cure is still very far away, so we had better learn to live with this disease."

Given the enormity of the job facing Conasida, is its budget sufficient?

"In general," answers Del Rio, "no budget is sufficient. Nor is this one, but it is adequate for a number of things. We would certainly like to have more money, though."

In reality, Conasida is not working alone. Educational aspects are coordinated with the Secretariat of Public Education, the UNAM [National Autonomous University of Mexico], and other educational institutions. Medical and treatment matters are coordinated with a number of organizations in the health sector, both public and private, as are community and social work. Most of Conasida's budget—aside from personnel costs—is spent for laboratory analyses, information and educational programs, and publications.

Conasida has opened three information centers that have served primarily to develop models for detecting problems and meeting the demands that AIDS has generated among the population. They also provide personalized counseling and conduct free and confidential HIV testing.

Dr. Del Rio immediately makes it clear that this does not mean that Conasida operates like a public laboratory. A number of requirements must be met, and if a person is unwilling to comply with those requirements and only wants to be tested for HIV, that person is provided with a list of very good private laboratories.

The principal reason, he explains, is that this is not a trivial test that can be given indiscriminately. A positive result will certainly alter a person's entire life and will have profound psychological and social implications. And there is also the economic factor. On an individual level, the cost of the test may seem low (30,000 pesos), but if these tests were conducted on a massive scale, costs would soar. "And that would eat up our entire budget."

Similar arguments have been used against requiring mandatory HIV testing before marriage. In addition, it is not considered much use as a method of prevention because "today the majority of couples who decide to marry have already had sexual relations."

And above all, there is one other problem: the test was designed to detect the HIV virus in the blood, not for diagnostic purposes, so it can produce what are medically called "false positives," which may even appear in persons who have never had sexual relations or received a blood transfusion.

"Just imagine how many people's lives could be destroyed with these false positives," explains Dr. Del Rio.

There is a way to confirm these results, but it is very expensive. In a special laboratory the entire process, from initial testing through final confirmation, can cost up to 800,000 pesos.

Dr. Patricia Uribe, director of Consida's Community Services, discusses the three major areas where prevention efforts have been made: blood, sexual, and perinatal transmission.

The first area was the one in which action was taken most quickly and easily, for it simply meant changing the General Health Law, maintaining good control of all blood banks, and requiring compulsory HIV testing for all transfusions (1986). Then in 1987, the buying or selling of blood was prohibited because "paid donors were found to have a higher incidence of HIV infection" (PROCESO, No 533).

According to INDRE, these measures meant that between 1986 and 1991 at least 605 cases of AIDS may have been prevented. Dr. Uribe explains that if we assume an average incubation period of 5 years for people infected by blood transfusions, we could expect to begin to notice the effect of these government provisions just last year. The results are considered satisfactory and mean that very soon "there will be no or very few people infected in this way."

Based on Conasida's information, most hospitals maintain strict controls. In addition, a campaign is being conducted urging patients and their families not to accept any transfusion not labeled "safe blood."

In the area of HIV prevention by sexual contact, the job has been notably complicated because "sexual habits cannot be changed by decree." As an example, Dr. Uribe says "it is

very hard to get a 40-year-old man who has spent a good part of his life engaging in unprotected sexual practices with a variety of partners to alter his habits."

In any event, Conasida is still working on this issue, both on a broad scale for the general public and on an individual basis.

While on a broad public scale the communications media provide an adequate vehicle because of the number of people they reach, their effectiveness is relative "because we cannot convey a clear and graphic message through the media about how to prevent spreading the disease by sexual transmission." Much also depends on the time and atmosphere in which the message is received for it to have an effect. In addition, conservative social groups have conducted a real campaign against large-scale information on AIDS, as they feel it offends "against decency and good habits." (PROCESO, No 663).

Consequently, Dr. Patricia Uribe says that what has been found most effective is personal, face-to-face information. "A confidential, respectful interview in which the most appropriate methods are analyzed with the individual. We are talking about people's intimate lives."

Unfortunately, this method is inefficient in terms of time, numbers, and cost. Nonetheless, the Conasida information centers are frequently saturated and the Telsida line [AIDS hotline] is always busy.

Conasida also provides training courses for volunteers and workshops on sexual protection for people who may engage in high-risk practices. But sometimes this can be complicated, too, for example, "if we give a workshop to a group of women, when historically and culturally in our society women have never had the power to decide what is done or not done in terms of the couple's relations."

Dr. Uribe says that women have come in who were beaten because "they dared" to suggest to their partner that he should use a condom. It is also a sensitive and difficult matter to suggest to a woman that her partner may be deceiving her. "She has to reach that conclusion on her own, but normally there is a very strong psychological barrier against that."

It is so strong that "we have women married to AIDS patients who continue to have unprotected sexual relations." Some have done so for two years and have not become infected. "How can I convince them it is a matter of probability, like a lottery? Some people have been infected by a single sexual contact. And people think we are exaggerating!"

In this job of persuasion, says Dr. Uribe, it is necessary to rely a great deal on nongovernmental, community-based organizations: civic groups, neighborhood, 'ejido' associations, unions, sports clubs, social clubs, etc. In this context, Conasida's function is simply to provide information about the prevention methods that exist, "but the alternative has

to come from within the community itself, based on its values, its beliefs, its habits. It cannot be imposed by us."

Along with Dr. Del Rio, Dr. Uribe is convinced that the focus of this work must be on children and adolescents because their sexual habits are still in the process of formation. So, she insists, it could be very useful to provide information in the schools, and for that reason, the debates about sex education have been revived.

"If we really had adequate sex education, with parents, teachers, and some institutions participating, we could avoid not only the spread of AIDS, but of many other sexually transmitted diseases, and improve other problems as well, like family planning," summarized the director of Conasida's Community Services.

In fact, this entire situation would also have an impact on the perinatal-control area because the infected mother transmits the disease to her child during pregnancy or birth. "And there are women who just learn they are HIV-positive when they are going to have their third or fourth child."

Beyond the ignorance and prejudices that have made preventing AIDS through sexual contact so difficult, Conasida is trying to combat the feeling of "false security" generated among a good part of the population because of talk about high-risk groups early in the AIDS epidemic.

The fact that AIDS is classified among what used to be called "secret diseases" and initially occurred in historically marginal groups, like homosexuals, bisexuals, prostitutes, drug addicts, promiscuous persons, etc., led many people to believe that they could not be infected if they did not belong to those groups.

So—although technically appropriate—Conasida has tried very hard to replace the concept of high-risk groups with the concept of high-risk practices. "If you engage in these practices, no matter what social group you belong to, even if you are in the Church, you can be infected," emphasizes Dr. Uribe.

This has begun to happen. Increasing numbers of heterosexual men, women who are not prostitutes, and children have been infected. "This does not mean that we should panic, but we do recommend that people know what high-risk practices are and try to avoid them."

With this goal in mind, Conasida has also begun to work with marginalized social groups. These groups are not marginalized because of their sexual practices, but are socially marginalized: migrant farm workers, street children, people who live in rural or depressed areas. These people may frequently be exposed to high-risk behaviors and, for lack of information and resources, cannot protect themselves.

The major challenge is to create a national awareness in which balance will prevail: neither panic nor irresponsibility. Simply prevention.

BANGLADESH

Nine AIDS Carriers Identified Through 31 May

*BK0807155592 Dhaka Radio Bangladesh Network
in English 1530 GMT 8 Jul 92*

[Excerpts] The Jatiya Sangsad [parliament] was informed during question hour today that students would be admitted to the proposed Dinajpur Medical College from the 1992-93 academic session. [Passage omitted] The deputy minister further informed the house that nine AIDS virus carriers have been identified in Bangladesh up to the 31st of May this year. [Passage omitted]

INDIA

Official Reports on AIDS Cases in Delhi

*92WE0491A New Delhi PATRIOT in English 21 Apr 92
p 1*

[Article: "16 AIDS Cases in City"]

[Text] Out of 499 persons who tested positive for HIV virus in the Capital, 16 are full blown cases of AIDS, the dreaded disease, according to Dr. V. P. Varshney, Director (Health) of Delhi Administration, reports PTI.

He said some of the persons having AIDS might have died.

He refused to divulge the area in which the AIDS afflicted persons lived. Reports of an African couple having AIDS virus came to light early this month when a student of Jawaharlal Nehru University delivered a baby in the Safdarjung Hospital after the father donated blood for his baby which was found HIV positive.

Dr. Varshney said Delhi Administration has intensified its programme to educate the people about the incurable disease for the past two years with a special emphasis on the city's red light area.

Difficulties in Fight Against AIDS

Problems of Reporting

*92WE0530A Madras INDIAN EXPRESS in English
15 May 92 p 9*

[Article by Usha Rai. Words in boldface, as published.]

[Text] New Delhi: Two hundred and sixty-eight foreigners to India, 204 of them students, were found to be HIV positive since 1987 when the National Programme on AIDS was launched. But no one knows just how many of them have actually been deported as very clearly prescribed in the guidelines issued by the Health Ministry. The number of full-blown AIDS cases deported from India is 14 and of these there is a record.

Indians abroad too on being found HIV positive are being deported back to India. But neither the Health Ministry nor the Ministry of Home Affairs has any figures of their exact numbers or into which part of India they have disappeared after landing on the Indian shores. This is supposed to be the responsibility of the state health services.

It was a stray remark by a Health Ministry official dealing specifically with AIDS that there were a large number of HIV positive Indians being deported to India from the Gulf that set this correspondent investigating. The figure mentioned was 130. Subsequently the official said there were 22 Indians with AIDS who had been sent back to India. But there was no trace of them in the files maintained in the international section and the special AIDS monitoring cell of the Health Ministry.

After a fortnight of searching through files, three cases were traced. Two of them, a 23-year-old office boy and a 36-year wall painter, had been deported to Bombay from Qatar in August and November 1988. The third case pertained to a 44-year-old bachelor from Kampala, Uganda, who was deported to Kerala.

But the numbers being deported to India is probably much higher. With three ministries—External Affairs, Home and Health—sharing responsibilities, each is passing the buck to the other. It is indeed a pathetic way to deal with a dreaded disease for which a whopping Rs. 270 crores has been provided and foreign aid continues to pour in.

Whatever happened to the HIV positive case of 26-year-old Sajeevan of Kottuvally village of Aluva near Kochi, reported in this newspaper three weeks ago. Sajeevan was probably deported from the Gulf because he was HIV positive. He and his family are being ostracised by the ignorant people of the village. Two officials recalled too a HIV positive case that had been deported to India a few years ago. The young man was from Kangra. But there seems to be a lack of coordination between the three ministries and no truly comprehensive list of the cases being sent home from various parts of the world. Even the exact number of foreigners deported is not known.

As per the Health Ministry guidelines "on receipt of detailed information about the AIDS infected foreigner, the Ministry of Home Affairs will take further action for deportation. Needless to say, strict confidentiality should be maintained." Surely confidentiality does not mean there should be no proper record of all these cases.

Information lacking: This does not mean that the AIDS monitoring cell in the Health Ministry is not doing a good job. It merely means that all information is not being provided to it till it actually goes round soliciting it. Though the visa and residential permit of foreigners found HIV positive is cancelled, the funds for their deportation are not readily available. It has to be provided by the embassy, the students or their parents who are supposed to recall them. Till then the students will be floating around.

In April of the 1,348,965 persons screened, 7,272 were sero-positive. There were 116 cases of AIDS of which 103 were Indians and 13 were foreigners.

Out of the 41,315 defence personnel screened between October 1987 and January 1992 in eight surveillance centres, 81 cases were found HIV positive. A hundred BSF [Border Security Force] personnel were also tested and found to be free of infection. The CRPF [Central Reserve Police Force] is now going through the tests.

As per WHO instructions, no one will lose a job because he is HIV positive but they may be moved to less active assignments particularly in the defence forces.

Officials in the AIDS monitoring cell are disturbed by the irresponsible estimates and projections on AIDS being made by doctors and others. A professor from the PGI, Chandigarh, recently announced that there were 22 cases of AIDS in Punjab. On cross checking with the director of health services it was found there were just eight cases. Some of them have been making these statements in the hope of getting an AIDS surveillance centre which means Rs. one lakh a year just for screening. There are 62 AIDS surveillance centres in the country and each of them screens anything from 500 to 1,700 cases a month.

The government is still working out the compensation to be given to doctors, nurses and others who may contract the infection while on duty. The amount to be paid in case of death from AIDS will also be announced shortly. The chances of transmission to doctors and nursing staff is negligible. Just five cases have been reported in the world so far.

Effect on Country's Development

*92WE0530B Madras INDIAN EXPRESS in English
15 May 92 p 3*

[Text] Madras: AIDS, the dreaded killer disease, is expected to have a ripple effect on trade and economic development in the country, with its impact on the transport sector likely to be significantly disastrous over the next five years.

Dr. S. Sundararaman of the AIDS Research Foundation of India disclosed on Tuesday that a recent 'anonymous unlinked' study conducted in Madras revealed that more than 1.25 percent of about 15,000 truck drivers who enter the City daily, tested HIV positive (in screening tests for the Human Immuno-Deficiency Virus which causes AIDS). And this figure was expected to rise to 30-35 percent in the next five years.

The importance of this finding could not be overlooked, since it would be extremely difficult to replace such a large body of skilled personnel in a short time and their shortage was likely to disrupt the flow of agrarian products from the rural hinterland in a big way.

The primary reason why this group of persons had such a high percentage of infection was that as part of their lifestyle, they indulged in sex at least twice for every 400 kilometres travelled, Dr. Sundararaman added.

Dramatic upsurge in AIDS cases in Madras: Quoting from a point prevalence centennial surveillance study currently under way at the Government General Hospital, Madras, he said that over the last six years a five-fold increase in the incidence of HIV had been detected. From approximately one in every five thousand in 1986 (in '86 less than 50 persons had been identified as HIV positive throughout Tamil Nadu) the incidence now being reported was in the range of one in every thousand.

In fact over the past one year, on an average one or two full-blown AIDS patients a month were turning up at

hospitals for admission. This was very significant in that for every patient reporting his or her condition there were at least a thousand cases going unreported.

At the national level the increase in incidence of pulmonary tuberculosis and pneumonia needed to be taken note of as this reflected the higher incidence of HIV. In the United States, where TB had been eradicated, the onset of AIDS had manifested in a 0.5-5.0 percent increase in cases of TB.

All these figures needed to be viewed with due seriousness and a disaster management mode as opposed to just a disease prevention strategy should be adopted. The existing awareness in society seemed to suffer from a faulty perception that this problem was confined to high-risk groups like prostitutes and those suffering from sexually transmitted diseases, resulting in their marginalisation.

And the human dimensions of this problem could only be tackled with the help of voluntary non-governmental organisation. Issues like employability of persons testing HIV positive, social attitudes to discussing hitherto taboo subjects like sexual mores and the male's attitude to the condom needed to be focussed on. The condom which had originally been conceived to prevent birth had now assumed the role of the single most important preventive of death in this context, he said.

The government too had awakened to the magnitude of this problem and recent visits by top health administrators to East-Africa had served to enlighten them. Zambia, for example, now had condom manufacture as its single largest industry.

Dr. Sundaraman was speaking under the aegis of the Rotary Club of Madras in the City.

Minister Briefs Parliament on Anti-AIDS Measures

*BK1507081492 Delhi All India Radio Network
in English 0730 GMT 15 Jul 92*

[Text] The health and family welfare minister, Mr. M.L. Fotedar, has said that the government blood banks have been modernized to check the spread of AIDS. He told the Rajya Sabha during question-hour today that out of 608 blood banks, 138 have been fully equipped for observing the prescribed procedure. He said the Center is seized of the situation and fully recognizes the dangerous potential of AIDS. The minister said several surveillance centers have been established in the country for regular screening of blood samples, particularly from high-risk individuals. Mr. Fotedar said a national AIDS control project estimated to cost 255 crore rupees is to be implemented during 1992-93 with the assistance of the World Bank.

Minister Denies WHO's Claim of 'AIDS Holocaust'

*BK2207023692 Delhi THE HINDUSTAN TIMES
in English 16 Jul 92 p 9*

[Text] New Delhi, July 15—The World Health Organisation's claim that there could be an "AIDS holocaust" in

India was not true, Union Health Minister M.L. Fotedar said in the Rajya Sabha today.

Answering Congress member K.K. Birla's question, Mr. Fotedar said the Government would consider making mandatory for all blood banks and hospitals in the country to test for AIDS virus (HIV positive) before blood transfusion was undertaken.

During question hour, Mr. Fotedar told members that, at present, there were only guidelines issued by the Centre to all State Governments in this regard and all hospitals and blood banks were expected to follow them strictly.

In Mr. Fotedar's opinion blood transfusion would have greater chances of spreading AIDS "than sexual promiscuity". Two out of every thousand people stood a chance of contracting the AIDS virus through the sexual route whereas 1,000 out of every 10,000 people receiving contaminated blood through transfusion could get the AIDS virus, he pointed out.

It was not true that there could be an "AIDS holocaust" in India as claimed by the WHO and reported in a Delhi daily, the health Minister claimed.

In 1985-86, he said there was only one single case of AIDS but today the number of AIDS cases in India was 194 and 8,000 people had tested HIV positive.

At the same time, he said, the Government was seized of the situation and fully recognised the dangerous potential and that a series of steps had been taken to check the spread of the AIDS disease.

Safety of blood and blood products had been improved by strengthening and modernisation of blood banks. Out of a total of 608 blood banks, 138 had been fully equipped for observing the prescribed procedure laid down in the drugs and cosmetics rules including screening of blood for HIV infection, the Minister said.

According to him, the rules for regulating the working of blood banks and screening of every unit of blood for HIV infection had been notified in the rules framed under the Drugs and Cosmetics Act of 1940. The Drugs Controller of India had also instructed the manufacturers of blood products to comply with the guidelines on this regard.

To further tighten the enforcement of the guidelines Mr. Fotedar said, the Government was taking steps to make the approval of the drug controller for licensing of blood and blood products mandatory.

ISRAEL

Health Ministry's Low AIDS Data Said 'Misleading'

*TA0907160792 Tel Aviv HADASHOT in Hebrew
9 Jul 92 p 12*

[Report by 'Adi Katz]

[Excerpts] "The statement of Health Ministry Director General Shlomo Mashiah that last year only two AIDS cases were recorded in Israel was dishonest and misleading. The rate of people contracting AIDS in Israel is high, almost as high as in Western Europe," said Serge Diehas, a spokesman for the Anti-AIDS Society, in reaction yesterday to Mashiah's statement that the Israeli rate of AIDS transmission was one of the lowest in the Western world. [passage omitted]

"While the situation in Israel is on the brink of a catastrophe, Mashiah continues deceiving the public and concealing the appalling truth. The number of carriers is steeply rising in Israel. Last year, the number of carriers was 300 percent higher than that in the preceding year. The number of people who contracted the disease in the first five months of 1992 is equal to the total figure for all of 1990." [passage omitted]

Diehas added: "The Health Ministry's poorly conducted anti-AIDS campaign and the lack of investment in it are directly responsible for the transmission of the disease and for the victims' suffering and death."

PAKISTAN

Minister Says AIDS Situation Not Alarming; 130 Cases

*BK0106142692 Islamabad PTV Television Network
in English 1400 GMT 1 Jun 92*

[Text] A national seminar on AIDS began in Islamabad today. Inaugurating the seminar, the federal health minister, Syed Tasnim Nawaz Gardezi, said the situation of AIDS in the country is far from alarming. He said there has been a total of 130 HIV positive cases officially notified and this might be under reporting. The situation is not, however, grave as compared to some neighboring countries. He said this does not mean that we should become complacent and shut our eyes to the impending danger. The minister said this attitude was adopted in India and Thailand and today they are facing very serious problems. The minister said we must try to keep our country as free from AIDS as possible. There is no treatment available for AIDS and the problem could only be overcome through health education.

Saint Petersburg AIDS Service Controversy

*92WE0471C Saint Petersburg NEVSKOYE VREMENYA
in Russian 20 Mar 92 p 2*

[Article by Andrey Kozlov, director of the Bruce Rappaport Biomedical Center; Aza Rakhmanova, professor, chief infection specialist for Saint Petersburg; Galina Volkova, director of the department of especially dangerous infections of the State Epidemiological Station: "AIDS—A Challenge to Our Reason"]

[Text] Last year twice the number of HIV carriers were revealed in our city than in the previous year. The Americans found themselves facing such a progression in the early 1980s. If the epidemic maintains such explosive, avalanche behavior, this will be a truly serious danger to the city. Is it ready to deal with the possible unfavorable development of events? It will be, if scientists, medical personnel, politicians and public officials are able to stand together on a unified front.

This is the way things were until recently. As a result, an entire service was established practically out of nothing to fight AIDS. And the fact that new cases of infection are continually being revealed is the best evidence of the effectiveness of laboratory screening. But the organizational problems of this service have now been the object of heated debates for several months between the city soviet's medical support commission and the mayor's corresponding committee; these debates have also spilled over into the newspapers.

The layman may gain the impression that irresponsible executives of the city health department and the AIDS service are doing everything to destroy this service and leave the city defenseless against the advancing epidemic. But in the opinion of the specialists, these discussions and debates are absurd, because the real problems of the entire service are being substituted by the problems of just one of its subdivisions—the AIDS prevention and control center.

Without boring the readers with the technical details, we will try to explain what this service is. The efforts of several public health institutes and practical institutions were successfully united to solve this highly complex problem from the very beginning. These included the State Institute for the Advanced Training of Physicians, the All-Union Scientific Research Institute of Especially Pure Preparations, the city epidemiological station, the Hospital imeni Botkin, the Military Medical Academy, the Institute of Epidemiology and Microbiology imeni Pasteur, and the plague control station. An infection surveillance service, a consulting and diagnostic office that was later transformed into a polyclinic, a hospital department, 15 screening laboratories and an expert laboratory were also established through joint effort. And all of this in extremely short time, with minimum staff and financing! It must be said that our city's AIDS service was one of the first to be created in the country, and in many respects it became an example for organizing similar structures in other regions.

What kind of people come here? Primarily, of course, the victims of AIDS—virus carriers who do not exhibit disease symptoms for a certain while, and patients needing medical

care. Both require qualified outpatient or inpatient observation. Excluding foreigners, there are a little more than 50 such people in Saint Petersburg, of whom only 33 are permanent residents of the city. All others, thank God, come here simply because they learned of this "plague" of the 20th century from radio and television reports. And logic suggests that the AIDS service should have two directions—therapeutic and preventive. Therapeutic for those who already need or will soon require specialized care. There is a hospital for them—the Infection Hospital imeni Botkin with its huge laboratory and diagnostic service, polyclinic, day hospital and patient support service. The hospital, which will soon celebrate its 110th anniversary, is famous for its personnel and traditions. The first laboratories, an anonymous testing office, a polyclinic and a hospital for HIV-positive people were created within it.

The preventive direction concerns the over 5 million healthy citizens of Saint Petersburg, who need to be taught the elementary measures of AIDS prevention—safe sex. Differentiated information and training programs need to be developed. AIDS is a common problem, and prevention is the main factor in the strategy to fight it. This means, first of all, education, information on the pathways of the infection's transmission, and meticulous work with persons in the high risk groups. And the task of the AIDS prevention center established by decision of the Ministry of Health is primarily to implement these programs.

But the mistake that was made from the very beginning was that the prevention center was put in charge of the polyclinic that was to work with infected individuals. Prior to this, the polyclinic was a structural subdivision of Botkin Hospital. But G. V. Bogoyavlenskiy, the center's chief physician, transferred the polyclinic to the building on Gaz Prospect, where a clinical and diagnostic center for young girls is located next door to the center, under the same roof. A strange and unexplainable combination—people infected with AIDS, drug addicts and prostitutes neighboring with young girls!

And so, having neither the grounds nor the forces to do so, the AIDS center attempted to monopolize the entire problem, placing the service on the brink of disaster. The relationship between the polyclinic and the hospital was broken, causing an interruption in the continuity of treatment. Contacts with institutes were broken (remember that AIDS is a science-intensive problem), and even the procedure of having the final diagnosis made in the expert laboratory was not always followed. Nor was information on new cases of infection promptly provided, making it impossible to implement emergency measures to prevent the spread of infection.

And most importantly, the prevention center did nothing in the way of prevention. This is why it became necessary to reorganize the AIDS center, to return patients to Botkin Hospital and to reorient the center's activity only on prevention.

This is when the center's associates finally activated their long-dormant energy. The first reaction was to complain to the city's soviet of people's deputies. Then followed the

decision of the Saint Petersburg soviet suspending the order written by specialists. Unfortunately the decision was made right at the moment when relations between the medical commission of the Saint Petersburg soviet and the mayor's public health committee had deteriorated. We, alas, are living in a time of real dual sovereignty, in a time of endless clarification of relations between executive and legislative powers. And each person who has been slighted selects that power which is more convenient to him.

A decision was made at the AIDS center not to carry out the order of the public health committee; instead, a complaint was filed with the Saint Petersburg soviet's commission. And so the AIDS service became hostage to the complex relations between the commission and the committee. And as far as concerns the opinion of the specialists who had dealt with the AIDS problem from the very first, who revealed the first cases of infection, who made the first diagnoses, who treated the first patients and who are recognized professionals, no one is interested in it. Moreover these specialists are being instructed, just like in the good old days, what they should be doing, and how. The service is being isolated from those who established it and who are directly responsible for it.

Rather than this, what professionals expect from the politicians is concrete assistance in solving the most difficult problems of legislation, financing and material and technical support. It is no secret, after all, that in the last 2 years we have not received a single kopeck in hard currency from the city with which to purchase expert diagnostics and pharmaceuticals. Or that the repressive nature of the legislation, existence of the article requiring criminal prosecution of homosexuals, and many other things, are essentially blocking the approaches to cooperation with risk groups and creating obstacles to establishment of cooperation with them for deeper study of the epidemic's development.

But only the politicians can change the law. We don't need confrontation. Extremely difficult tasks await us. AIDS is a challenge to our reason and our ability to cooperate. AIDS is a major social problem, and we need to solve it together. But everyone must do his own part.

AIDS Case in Khabarovsk

92WE0471B Moscow KOMSOMOLSKAYA PRAVDA
in Russian 28 Apr 92 p 2

[Article by G. Mironova: "AIDS, As We Know, Is Incurable, Which Is Why Doctors Are So Unruffled"]

[Text] A horrified acquaintance of mine told me the news: "AIDS was discovered in Khabarovsk. A blood donor was found to have the disease!"

As always, you hear the most shocking news in the streets first. But the medical community was suspiciously silent about it. The chief of the local health department did finally speak. In a meeting with Americans he suddenly blurted out that there were 300 carriers and one AIDS patient in Khabarovsk. Everyone's hair stood on end. The foreigners were persuaded later on, of course, that the translation had been incorrect: Only one HIV carrier was found. How? Where? Was he a donor?

An injured person was delivered to Khabarovsk Kray Hospital during a late March evening. The on-call physician, who accepted the patient and did everything necessary, did the unusual thing of ordering a blood sample from him for AIDS testing. Something about the man's appearance seemed strange to the emergency room specialist; he suspected him of being a homosexual, and was just making sure. A few days later the AIDS test proved positive.

Such tests have been conducted in the country for over 2 years. Laboratories have encountered hundreds of positive HIV tests. This evoked considerable panic at first. But bitter experience taught laboratory technicians to be doubtful of the first test results, since a positive reaction to AIDS could occur with blood from pregnant women and from rheumatism patients. Three hundred persons whom the kray health department director classified as being HIV carriers were simply people with such blood. Only one expensive and complex test—the immunoblot—can provide a final diagnosis. This test was formerly carried out only in Moscow, and patients were uncertain of their fate for months on end. Now the immunoblot is also available in Khabarovsk. Thus 9 days later the blood of the injured patient revealed without doubt that the first HIV carrier had been discovered.

He had lain all this time in a common five-patient ward, like an ordinary patient. Sixteen persons of the hospital staff handled his blood (they were subsequently placed under observation, although no violations of epidemiological control regulations were committed). All physicians were sworn to secrecy.

AIDS services were established in the country at full gallop. Thousands of laboratories and centers for prevention and control exist in all kray and oblast cities, in addition to six regional subdivisions. In Khabarovsk for example, two centers were established right next door—a regional and a territorial one. In separate buildings, with a sizable staff of associates, who receive 60 percent extra hazardous-duty pay. No money was spared in the purchase of equipment or acquisition of drugs. A huge net had been cast, it seemed. AIDS would not get through! In 2 years, 4 million persons were tested just in the Far East. The terrible virus had not been found. But only the naive man-in-the-street could reassure himself that if it hasn't been found, it isn't around.

"Why is the newspaper conducting some sort of investigation? What right do you have? We'll get to the bottom of this with the physicians who supply us the information!": The indignation expressed at the kray AIDS center was perhaps a little too nervous.

All information was kept secret supposedly in the interests of the patient. We of course have not yet come to the point where we can relate calmly, sympathetically and in a friendly manner to a neighbor with AIDS, even though for example we would be totally untroubled if he had jaundice. Still, no one was expressing a desire to dig into someone else's private life. All that was important was to know how well the services were working, whether or not the spread of the virus had been averted, and ultimately, whether the donor was ill or not. "What, are you going to inspect us or something?" they asked sarcastically at the center. The

mysterious illness which had frightened us so deeply virtually affixed a seal of secrecy and special importance upon the AIDS services themselves as well. Transgression upon their authority and information was viewed as something verging on blasphemy.

The patient was put in isolation. He was told of the infection they discovered, and although he had no manifestations of AIDS, not every he-man will accept such a sentence without losing his head. Now, much depended on himself alone: He had to remember his last years of life, and the people with whom he had contact. An experienced venereologist was invited in for this confidential interview. But what was needed was a liberal physician-psychologist acquainted with the homosexual milieu and knowing how to approach a patient. There was no such person at the AIDS center. The job of revealing people in the risk group that had to be tested on priority was turned over wholly and completely to the militia. They came back with information on persons registered with them—three prostitutes. Good contacts were not established from the very beginning with the militia, and AIDS specialists are not making any effort at all to work in some other way with drug addicts, homosexuals and prostitutes. All of this is dangerous, "dirty work," and the entire center is made up of office workers. They monitor the laboratories, explain AIDS to other physicians, from time to time they examine the disease histories in hospitals, and they write reports. It may be possible that people of an entirely different kind are needed to go into the crowd, and even into an environment in which AIDS may actually be present.

That injured patient admitted almost right away that he had been a voluntary blood donor three or four times. This was a most dangerous situation, since the chance of infection of a blood recipient is practically 100 percent with blood transfusion. But when the donor himself had been infected could not be established. Epidemiologists began tracing the path taken by all of the blood. At the transfusion station it underwent the required testing, and was processed into specific preparations. A few liters were discarded, but the list of donors was not to be found. In another case plasma was sent to a maternity hospital, but the woman in childbirth was given two containers from another donor, and the third was not needed. Finally, the last blood donation in November 1989. The plasma was transfused to a seriously ill patient in neurosurgery. He was still alive, and tests revealed that he was not infected. Consequently the donor was also healthy at least until the end of 1989.

So what was there that had to be so carefully concealed?

In the meantime you can imagine the kind of conjectures and suppositions regarding AIDS that I heard from medical personnel who somehow came to know certain things in roundabout ways. You can imagine what people riding the buses are saying! Could it be that such commotion, fear and ignorance are very much to someone's benefit? After all, AIDS research has turned out to be a good life for retrained

physicians. The work is not dirty or demanding. As we know, AIDS is incurable, which is why doctors are so completely unruffled!

By the Way

We were barred from the meeting.

"The main demand of the participants was that there would be no one from the press," explained Gennadiy Roshchupkin, one of the organizers of the constituent meeting of a Russian voluntary benevolent society in support of the national AIDS program "We and You."

Of the 30 persons who convened in the Russian academy's administration building last Saturday, 15 were undergoing treatment at Pokrovskiy Center. They are still trying to live unnoticed, separating the world into the sick and the healthy, and they expect nothing good from society: In the words of one of the participants of the meeting, last year the number of conflicts arising out of AIDS nearly doubled.

"People are being fired as soon as it becomes known that they are sick, and they are being put out of their apartments. Despite the loud pronouncements of officials from the Ministry of Health, the state continues to give the appearance that the AIDS problem simply doesn't exist in the country," he said.

The founders of the "We and You" Society include the newspaper SPID-INFO, the journal ZDOROVYE, Authors' Television, and Roman Viktyuk's theater.

"Our main goal is to defend the rights of HIV carriers," said Gennadiy Roshchupkin. "That means political, civil and economic rights. We will simply try to demonstrate to people that the ill can also be of service to society."

Government Reports 7 Cases of AIDS

*OWI606224792 Moscow INTERFAX in English
1930 GMT 16 Jun 92*

[Following item transmitted via KYODO]

[Text] The Republican AIDS Prevention Center reported that 7 residents infected with HIV have been registered in Uzbekistan.

HIV also has been revealed in 16 foreign students who study in the republic.

Sharp Increase in AIDS Forecast for Byelarus

*LD2606220892 Moscow ITAR-TASS in English
0747 GMT 26 Jun 92*

[Article by BELTA correspondent Lidia Peresypkina—TASS]

[Text] Minsk, June 26—Byelarusian physicians forecast a sharp increase of HIV disease rate in the current and next years due to the removal of "the iron curtain" from the CIS borders. "However, it appears that there is no reason to panic. So far, there have been only 79 HIV-positive people registered in the republic. Only two people died from the disease." Head physician of the anti-AIDS center Victor Glazovsky said. "There are 70,000 AIDS cases and 2 million HIV-positive people in Western Europe. In Eastern

Europe the virus began to spread significantly later, but it may develop here on the same terrifying scale unless we raise an alarm before it's too late" Glazovsky believes.

An AIDS case where the virus was transferred by a Polish citizen has already been registered, the physician said. All Byelarusian newspapers reported about a lying-in woman in Vitebsk who got the virus from a boyfriend from the neighboring Smolensk region. Byelarus is the first CIS country to register AIDS cases among drug addicts. "We are deeply concerned with the problem of surveying drug

addicts, for the disease spreads among them with a speed of lightning," Glazovsky pointed out. "However, over 800 drug addicts registered in the republic avoid medical examination." he said.

Glazovsky added that he hopes an interdepartmental AIDS-prevention committee and a coordination center will be created within the CIS to restore ties between physicians that were broken when the former Soviet republics gained sovereignty.

DENMARK**Poll Results Show Condom Campaign Successful**
92WE0527A Copenhagen BERLINGSKE TIDENDE
in Danish 22 Jun 92 p I-4

[Article by Henrik Dannemand: "Comdom Campaigns Have Changed Young People's Behavior"]

[Text] The campaign for condoms as protection against AIDS has been effective, according to a survey taken by the Gallup Institute for BERLINGSKE TIDENDE.

Since 1985 there has been a dramatic change in people's attitudes toward condoms as a means of protection. One thousand people were asked if they believed if condoms offer effective protection against AIDS. In 1985 only 36 percent answered in the affirmative, while today the figure is up to 92 percent. Gallup also asked whether people had changed their behavior due to the risk of AIDS. Twenty percent have changed their behavior, while 77 percent said they had not.

The campaigns have made an impression on young people, in particular. In the 15 to 24 year age group, 44 percent said that the risk of AIDS had made them change their behavior.

Much Local Work Done

"It is gratifying that so many people know that it is important to use condoms. But there are still people being infected. People know how to protect themselves, but that is not always enough to make them change their behavior. There is an unfortunate disparity between knowledge and behavior," said Dr. Niels Peter Rothgardt, head of the AIDS office of the Health Board.

He said that the large-scale campaigns were not well-suited to changing people's attitudes and behavior.

"The campaigns are well-suited to drawing attention and disseminating knowledge, but not to changing attitudes and behavior. These are things that are affected by the local environment—on the job, at institutions, and at home. For this reason, we have also worked hard on the local level. We are supporting this work with educational materials and money," Rothgardt said.

Effective Condom Campaign Against AIDS

It is noteworthy that, in the relatively short time since 1985, practically the entire populace has been taught the importance of condoms as a means of protection against AIDS. While in 1985 only slightly over one-third (36 percent) believed that condoms provided effective protection, the figure has now risen to 92 percent. In practice, this is as close as possible to convincing everyone.

This was indicated by a poll taken by the Gallup Institute, which was a repetition of two previous polls taken in 1985 and 1987.

In these surveys, a representative sampling of approximately 1,000 adults was asked the following question:

"Do you believe that the use of condoms offers effective protection against AIDS?"

The latest survey was conducted in June 1992 and it gave the following results, compared to the previous surveys:

	October 1985	June 1985	June 1992
<i>In percent</i>			
Yes	36	74	92
No	33	9	4
Do not know	31	17	4
Total	100	100	100

As indicated, the trend during the past seven years has been dramatic. The "do not know" category has been practically eliminated since 1985, dropping from 31 percent to 4 percent, as has the idea that condoms do not offer effective protection. This figure dropped from 33 percent to 4 percent.

A closer analysis showed that the trend was not identical for all groups of society. It has been extremely strong among young people between 15 and 24 years of age, 97 percent of whom now answer the question in the affirmative.

Of course, knowledge is one thing and implementing the knowledge is yet another. To find out whether the condom propaganda also changed behavior patterns, pollsters also asked the following question:

"Have you changed your behavior in this area because of the risk of AIDS?"

This question was answered in the following manner:

	Yes	No	Always used condoms	No response	Total
<i>In percent</i>					
Total	20	77	2	1	100
<i>Age:</i>					
15-24 years	44	49	7	—	100
25-39	27	71	2	—	100
40-59	12	86	—	2	100
<i>Marital status:</i>					
Single	32	61	4	3	100
Married or living together	14	84	1	1	100

Since the survey could not ask many detailed questions concerning sexual behavior, the responses to this question give only an indication of changes in behavior.

Thus, one out of five (20 percent) have changed their behavior and, as indicated, the campaign has had the greatest influence on young people. Almost half (44 percent) answered in the affirmative. This is seen as being related to the fact that single people, most of whom are young, have changed their behavior to a greater extent than those who are not single.

Thus, in conclusion, we may say that the campaign for condoms has been extremely effective at informing the people and at least somewhat effective at influencing the groups in which the need is believed to be greatest.

FRANCE

AIDS Awareness Is Increasing Among Young

92WE0542C Paris LE QUOTIDIEN DE PARIS
in French 25 Jun 92 p 7

[Article by Stephane Dax: "Adolescents Aware of AIDS Threat"]

[Excerpt] According to a recent opinion survey, the sexual behavior of 13 to 18 year olds—romantic and modest in many ways—has changed to take into account the dangers posed by this scourge.

The word is starting to get out. We can rest easier. "They" will not be the ones who spread AIDS, "they" being the 13 to 18 year olds surveyed by ABC+ for EVENEMENT DU JEUDI and SCIENCE ET VIE JUNIOR. And we learn with a certain satisfaction that they are not indifferent to AIDS and that condoms are no longer the unmentionable subject they were in the past. The proof: 64.5 percent of boys and 61.5 percent of girls say they use one whenever they make love. Some 23.5 percent of boys and 31.5 percent of girls believe this precaution is necessary only in the beginning, not in a steady, more permanent relationship. But only 7.5 percent [of boys] and 3.5 percent [of girls] still think "it's not worth the trouble when you trust your partner."

Three out of four youths have held a rubber in their hands. Which does not mean they do the buying themselves. Some 55.5 percent of boys and 85.5 percent of girls admit they have never purchased condoms. Instead, condoms are procured by more devious means. Not only because of embarrassment, but because of the difficulty of finding them in certain locales and, above all, the cost, which is more than many adolescents can afford. [passage omitted]

Increased Use of Personal Needles

92WE0542A Paris LIBERATION in French
26 Jun 92 p 31

[Article by F.Dt.: "AIDS: Needles No Longer Being Shared"]

[Text] According to a study, drug addicts now routinely go to the pharmacy to buy personal needles for injecting drugs.

In the five years since February 1987, when syringe sales were decontrolled, heroin addicts have clearly modified their behavior in the face of the AIDS epidemic. According to a study financed by the National Agency for Research on AIDS, non-sharing of syringes—which are vectors of infection for the HIV virus—has become so commonplace that the drug addict has become "just another customer" for most pharmacists.

In the study, 95 percent of drug addicts questioned say they buy their own needles at the pharmacy. Needle-sharing thus seems to be the exception (mainly practiced by couples), and pharmacists have become accustomed to dispensing syringes. In Paris, out of 30 dispensaries visited, only two refused to sell syringes (which are priced between 2.50 and 10 French francs). Thus, "drug addicts as a risk-group appear to have changed their behavior patterns very quickly in order to reduce the chances of contracting the virus, at least through infected blood."

Thus, sexual behavior is now more than ever the leading means of the malady's transmission. The study shows an increase in the use of condoms (45 percent, compared to 22 percent in 1987-1988), but primarily among HIV-positive subjects (43 percent utilization, compared to 16 percent for HIV-negatives). It also notes a very low prevalence of HIV among drug addicts who have been using heroin for less than 5 years (3 percent), although the percentage may be distorted by the fact that young heroin addicts are also the most reluctant to take the HIV test and the least likely to use condoms. "It is certainly the most problematic group with regard to the transmission of HIV. To varying degrees, they exhibit the desire 'not to know' (...) Among this group, AIDS is less likely to be perceived as an illness like any other—cancer, for example—than as a more fearsome malady like the plague." The study concludes: "Word has gotten out, needle-sharing is no longer commonplace, the use of condoms has increased somewhat. But maintaining and reinforcing these new habits will require a more adequate sanitary environment."

IRELAND

AIDS Deaths Reported To Rise by 20 Percent

92WE0492A Dublin IRISH INDEPENDENT
in English 22 Apr 92 p 3

[Article by Tom Reddy: "AIDS Death Rate Warning"]

[Text] A new initiative to combat AIDS was demanded last night as new figures showed an increase in deaths related to the disease.

The number of deaths from the syndrome in the twelve month period to the beginning of April this year has increased by 20 on the same period last year.

The number of AIDS cases in Ireland has increased by 60 percent among heterosexuals, and 30 percent among homosexuals in the past twelve months.

The number of intravenous drug users who have developed AIDS has increased by 46 percent bringing the total number of AIDS cases to 266, the AIDS help group AIDSWISE said last night.

WEST EUROPE

The 60 percent increase in heterosexuals with AIDS represents nine more people contracting the syndrome in the past twelve months, 22 homosexuals and 33 intravenous drug users.

SPAIN

Total of 14,500 Cases of AIDS, 6,000 Deaths

*LD1907101292 Madrid RNE-1 Radio Network
in Spanish 1800 GMT 17 Jul 92*

[Excerpt] AIDS is progressing in our country and the number of cases indicates that it is doing so faster than in the rest of the countries of Europe. These are the latest statistics on the syndrome, which also include other questions and other important details, which Victoria Barragan now reports.

Barragan: According to the report from the Carlos III Institute, AIDS is still progressing in a worrying way in our country, despite the fact that the rate of growth is less. At present over 14,500 people are suffering from this illness, 5,000 more than last year, and it is worth highlighting that 6,000 AIDS patients have died so far, which represents 40 percent of the total. These figures reflect that Spain experienced the largest proportional increase in cases of AIDS in Europe. [passage omitted]

As for the groups contracting the illness, it should be noted that the cases of AIDS among drug addicts have stabilized, although they still represent the most affected group, with 65 percent. In addition the cases of AIDS in children have fallen, as have those in homosexuals, who have fallen from 18 to 15 percent, while the transmission of AIDS among heterosexuals shows a small but constant growth.

SWEDEN

HIV Statistics Reported, Trends Examined

*92WE0487A Stockholm DAGENS NYHETER
in Swedish 29 May 92 p 7*

[Article by Kerstin Hellbom: "Young Girls More Easily Infected With HIV"]

[Text] *Slightly more than 10 years ago the first cases of HIV infection were reported in Sweden. Many warned that AIDS could develop into a disease of the Swedish population—an epidemic which would spread outside the so-called risk groups into the general population.*

Those fears provided the basis for the campaigns which have been run since the mid-1980's. Those fears were not realized. At the same time questions have begun to be asked about anti-AIDS campaigns. This then is the situation in Sweden, with the knowledge we currently have.

The risk of getting infected through normal heterosexual intercourse with an HIV-positive person is about one out of 1,000 occurrences of intercourse. Who gets infected does not depend strictly on luck. So, for example, it is thought that young teenage girls are more susceptible to the virus, inasmuch as they have thinner mucous membranes in their vaginas than mature women.

There are cases of young women who have gotten infected when they had their first intercourse with an HIV-positive man. This is thought to be because of the fact that those cells located at the entrance to the vagina are thin and fragile. Sexually transmitted infections attack precisely these cells which bleed easily, and HIV has an opportunity to attack them as well.

HIV is still a virus comparatively difficult to contract, at least through regular heterosexual intercourse in Sweden, where the hygienic standard is high and where people have healthy, complete, and uninfected mucous membranes which act as a barrier against the virus.

Susceptibility to infection among persons who are HIV-positive varies greatly throughout the course of the disease. It is higher during the first weeks following the occurrence of infection and then drops for several years, only to increase again when the symptoms begin to turn up.

Protective Membrane

According to studies in Germany, approximately one out of 10 live-in partners of heterosexual HIV-positives are infected in a three-to-four-year period. That this is true in Sweden as well was confirmed by Margareta Bottinger, an epidemiologist at the National Bacteriological Laboratory, SBL, even if she said that the risk is naturally dependent on both the number of intercourses and their type.

The risk grows dramatically if the intercourse is through the rectum, i.e. anal sex. There are not the same protective membranes in the rectum as there are in the vagina, blood vessels break, and the way is open for the virus to reach the blood circulation.

In purely medical terms, it is appropriate to draw up a risk list of how the virus can most easily get into the human body. The list is headed by transfusions with infected blood. Next comes infection from mother to child in the vagina, infected needles, and then intercourse with an HIV-positive person according to the following list of risks: anal sex, regular heterosexual sex, and finally intercourse in the mouth, so-called oral sex. Deep kissing as well has been mentioned as a possible but still much discussed method of infection. In Italy a study is now underway to see whether deep kissing with an HIV-positive person could be a risk factor.

After many years of debate, it has now been established that breast feeding is a risk factor, to such an extent that HIV-positive mothers in industrialized countries are urged not to breast feed. In the rest of the world breast feeding is thought to be valuable, despite all the considered risks of the spread of HIV.

"We do not yet know exactly how great the risk is of transmitting HIV through breast feeding, but presumably it is a significant one. The risk is clearly greater than with deep kissing and oral sex," said Prof. Hans Wigzell, the head of the SBL.

Of the between 10 and 12 million HIV-positives in the world today, it is estimated that close to 80 percent were infected through heterosexual sex in its various forms. That

the virus had spread like an epidemic in major parts of the Third World is thought to be due in part to the fact that sexual diseases, which weaken the mucous membranes, are common.

In Sweden, there is very little domestic heterosexual spreading. There is surprisingly little of it, according to recent, more accurate statistics of the sources of infection for the heterosexual HIV-positive group.

Infected Needles

The domestic spread is still the greatest, and still growing, among homosexual men, among whom anal sex is a common form of intercourse. The second major way the infection is spread in Sweden is the used drug syringe, even if the number of newly infected drug users has been dropping for some years.

In Sweden, 728 people have been infected heterosexually, according to the SBL's statistics of reported cases of HIV-positives during the period running from November 1985, when reporting HIV became obligatory, to 1 January 1992. Of these people, 79 were Swedes infected by Swedes. That works out to approximately 13 people per year or one per month. (See table.)

But outside Sweden the picture looks quite different.

"The world is so, so big, and our ambition truly is to be a part of that world. So I cannot at all see the point of keeping up with these provincial blue-and-gold [the colors of the Swedish flag] statistics. Instead we must recognize the fact that HIV is an infection that covers the whole world," said Prof. Sven Britton, the head of the infectious diseases clinic at Huddinge Hospital.

"Nor can we overlook the fact that the reason the situation is as good as it is in Sweden is tied to the AIDS Delegation's work," he said.

Managed Well"

That point was also made by Goran Rado, the chairman of the AIDS Delegation, commenting on criticism which has been made of the AIDS Delegation's campaigns aimed at the general public instead of at risk groups.

"We have managed well in Sweden, but how would the situation have looked without the campaigns? Furthermore, a small portion of the AIDS Delegation's total budget goes into our own campaigns," he said.

Of the AIDS Delegation's appropriation of 193 million [kronor], 13 million go into its own campaigns. 63 million goes to care of drug users, 40 [million] to voluntary organizations, 31 [million] into efforts aimed at youth, 17 million into information and education, 10 million into psychosocial support, and 4 million to immigrant organizations.

"We still believe that campaigns aimed at the general population are important, but at our next meeting in early June we will probably decide to reduce that allotment somewhat," Rado said.

HIV-Positives in Sweden Reported During the Period November 1985 to 31 December 1991

Number of HIV-positives Reported	
Homosexual/bisexual	1,405
Heterosexual	728
Intravenous drug users	605
Received blood products	195
Unknown source of infection	20
Mother-to-child infection	19
Total	2,972

Number of Those Infected Heterosexually	
Swedes infected by Swedes	79
Swedes infected by immigrants in Sweden	13
Swedes infected abroad	128
Immigrants from other countries	66
Immigrants of African origin	442

Number of HIV-Positive Youth Under the Age of 19	
Homosexual	7
Intravenous drug users	1
Heterosexual	6*
Total	14

* All six of these are girls. Four were infected by Africans, two were infected by Southern Europeans.

HIV Infected Complain of Job Discrimination

92WE0539A Stockholm DAGENS NYHETER
in Swedish 22 Jun 92 p A5

[Article by Vivianne Sprengel: "HIV Infected Get the Sack"]

[Text] (TT)—Individuals infected with the HIV virus are being discriminated against and forced to quit their jobs in violation of the rules adopted by the parties in the labor market.

Several people have been paid off with the union's consent, according to the National Association for the HIV Infected (RFHP).

"We are therefore advising infected individuals not to tell anyone at work about their disease," said Per Olof Persson, deputy chairman of the RFHP, in an interview with the TT [Press Wire Service].

"For an HIV-infected person, it would be best if he could talk about his distress and all the practical aspects of HIV infection: doctor visits, sick leave, and so on.

"But there is not much sympathy, and people are still afraid. It will be a long time before HIV-infected individuals are treated in a manner worthy of human beings."

Persson is the RFHP's deputy chairman and works for it full time. The RFHP is a patients' organization that was formed in 1990 as a alliance of associations.

No Membership List

The RFHP estimates its membership at 1,500. Sweden has about 2,300 HIV-infected individuals or AIDS patients who are still alive, according to government statistics.

"But to protect people, we do not maintain the usual kind of membership list. Many do not dare receive our information materials at home. Instead, they get them through their physician or organizations such as Noah's Ark," says Persson.

Back in 1988, the parties in the labor market and the AIDS Commission adopted a program against job discrimination.

It stipulates that an HIV infection is not legitimate grounds for firing or transferring an employee. Despite that, HIV-infected individuals are being forced to quit their jobs.

No Energy To Fight

In most cases, employers have claimed that it is impossible to work with the person, says Torbjorn Karlsson (not his real name).

"Most people lack the energy to fight, so they quit rather than stand up for their rights," he says.

"People are paid off with the union's consent. Who is going to fight for a dying queer?"

Good psychological care is still the most important medicine. So far there are no remedies that will free a person of HIV or AIDS.

"But people are living longer thanks to medicines that slow the development of the disease. People live an average of from 10 to 15 years after being diagnosed as HIV-positive. This means that HIV and AIDS must be viewed in the same way as other chronic and fatal diseases such as cancer," says Per Olof Persson.

Rejected by State

The RFHP is seeking recognition as an organization for the disabled, a status that would entitle it to state subsidies. But so far the state's Council for the Disabled has said no.

The nearly 400,000 kronor per year that it receives from the AIDS Commission must suffice for salaries, premises, and everything else.

If HIV is to be made less frightening, infection must be removed from the Law on Contagious Diseases, says the RFHP. Compulsory measures with regard to testing, tracing the infection to others, and isolation do not belong in a society governed by law and do not encourage preventive work, says the RFHP.

"But we can never accept the idea of people knowingly spreading the HIV infection. Anyone who does that has to be seriously disturbed mentally," says Torbjorn Karlsson.

'Stride Backward'

The government recently decided that the AIDS Commission should be eliminated and its work taken over by the new authority, the National Health Institute.

"This represents a real stride backward and can be taken as a signal that work to prevent HIV is no longer so important," says Per Olof Persson.

"It may also be preparing the way for turning HIV and AIDS back into matters affecting only homosexuals, drug addicts, and prostitutes."

UNITED KINGDOM**Statistics on AIDS, Other Illnesses Given**
*92WE0512A London THE DAILY TELEGRAPH
in English 27 May 92 p 6*

[Article by David Fletcher, Health Services Correspondent: "Heterosexual AIDS Total Is Up by a Third"]

[Text] The number of AIDS cases resulting from heterosexual intercourse has increased by one third over the past two years, although the total is still relatively low, the Public Health Laboratory Service disclosed yesterday.

It said one in six people who developed the disease last month blamed sexual contact with a member of the opposite sex.

In a monthly report on the progress of the disease, the service said 112 people developed AIDS in April and 14 people died. Since 1982, when the disease was first reported in Britain, 5,894 have contracted it, of whom 3,686 (63 percent) have died.

AIDS, however, remains a predominantly homosexual disease, with 81 of the 112 new cases resulting from sexual contact between men.

The report said 19 of the 112 cases occurred as a result of heterosexual intercourse. A further six arose through injecting drugs and two were the result of treatment with contaminated blood products.

It said the number of cases among women had risen by 28 percent over the past two years—from 101 to 120—with the total of AIDS cases resulting from heterosexual intercourse rising from 139 to 186, or 34 percent.

—Peter Pallot, Health Services Staff, writes: Doctors said yesterday that people who suffer rectal bleeding are putting their lives at risk if they do not seek help.

Dr. Stephen Kane, consultant gastroenterologist at the West Middlesex Hospital in London, said: "Admitting rectal bleeding means admitting the possibility of rectal cancer."

But he urged people to overcome their embarrassment because speed of treatment could radically alter the course of a disease that killed 17,000 people a year.

He was speaking at a news conference in London to increase awareness of ulcerative colitis and Crohn's disease, which affect more than 80,000 people in Britain. The diseases often occur between the ages of 16 and 35.

Mr. Roger Leicester, consultant colorectal surgeon at St George's Hospital in London, said the survival rate for those whose cancer was diagnosed early was 90 percent, but only 30 percent where the tumour had spread outside the colon.

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